

600-16-0054

INDIVIDUAL CUSTOMARY CHARGE DISTRIBUTIONS

PROFILE AREA: SACRAMENTO ET AL

YEAR: 1975



**THE URBAN INSTITUTE**

REPORTS

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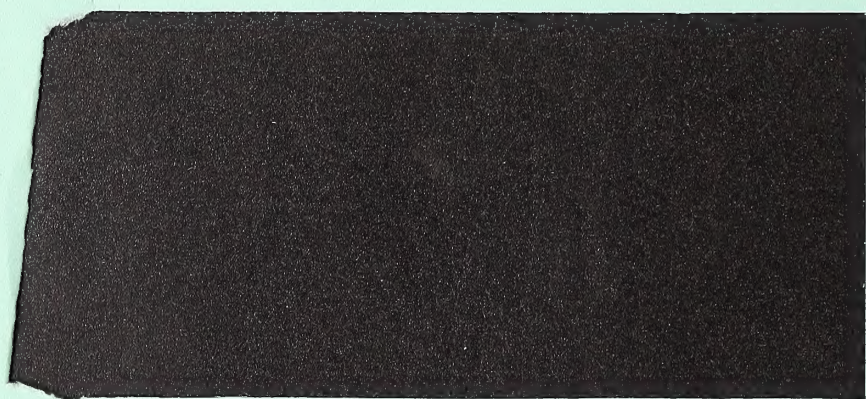
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INDIVIDUAL CUSTOMARY CHARGE DISTRIBUTIONS

PROFILE AREA: SACRAMENTO ET AL

YEAR: 1975

These tables were developed for the Health Care Financing Administration  
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600-76-0054,





## Introduction

The tables in this volume present statistics on Medicare claims submitted by a sample of 1,456 Californian physicians in three specialties--general practice, general surgery, and internal medicine. The sample physicians were located in the northern portion of the state and were all solo practitioners between 1972 and 1975. A detailed description of the sample design is contained in Scanlon and Bluck (1977). Claims for 210 procedures as defined by the 1969 California Relative Value Study were used. A list of procedures is in Appendix A. Formulae used for the statistics are presented in Appendix B.





Profile Area Sacramento et al contains the following  
counties:

El Dorado  
Nevada  
Placer  
Sacramento  
Yolo





**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS				GT \$22.50	ALL MD'S
	LE \$12.50	\$12.50-15.85	\$15.85-19.20	\$19.20-22.50		
NUMBER OF PHYSICIANS						
PCT OF PHYSICIANS	2	5	4	2		13
CUM DISTRN OF PHYSICIANS	15.3	38.4	30.7	15.3		100.0
	15.3	53.8	84.6	99.9		100.0
NUMBER OF SERVICES						
PCT OF SERVICES	26	15	5	3		49
CUM DISTRN OF SERVICES	53.0	30.6	10.2	6.1		100.0
	53.0	83.6	93.8	99.9		100.0
EXPENDITURES						
PCT OF EXPENDITURES	247.94	168.00	55.60	33.01		504.56
CUM DISTRN OF EXPENDITURES	49.1	33.2	11.0	6.5		100.0
	49.1	82.4	93.4	99.9		100.0
BILLED/REASONABLE	1.34	1.23	1.05	1.06		1.25
BILLED/CUSTOMARY	1.33	1.20	0.80	0.74		1.17
BILLED/PREVAILING	0.80	0.86	0.73	0.73		0.80
REDUCED CHARGES						
PCT OF SERVICES	96.1	93.3	20.0	33.3		83.6
AMOUNT REDUCED	108.01	48.50	3.60	2.73		162.84
ALL CLAIMS						
AVG AMT REDUCED	4.15	3.23	0.72	0.91		3.32
AVG PCT REDUCTION	25.8	18.7	4.9	6.2		20.5
REDUCED CLAIMS						
AVG AMT REDUCED	4.32	3.46	3.60	2.73		3.97
AVG PCT REDUCTION	26.7	19.5	18.1	12.4		23.4
PCT OF SERVICES ASSIGNED	65.3	66.6	20.0	0.0		57.1
PCT OF EXPENDITURES ASSIGNED	65.1	65.7	14.3	0.0		55.4
PCT OF SERVICES MAND. ASSIGNED	23.0	13.3	20.0	0.0		18.3
PCT OF EXPEND. MAND. ASSIGNED	22.5	11.4	14.3	0.0		16.4
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED	35.2	20.0	100.0			32.1
PCT EXPEND. MAND. ASSIGNED	34.6	17.3	100.0			29.7
MEAN CUSTOMARY CHARGE	12.00	14.33	18.10	19.75		13.81
STD. DEVIATION OF CUSTOMARY	.000	.481	.200	.379		2.442

MINIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN REASONABLE AMOUNT : \$12.87  
 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN BILLED AMOUNT : \$16.19

**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975





**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$12.50	\$12.50-15.85	MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS	\$15.85-19.20	\$19.20-22.50	GT \$22.50	ALL MD'S
NUMBER OF PHYSICIANS							
PCT OF PHYSICIANS	2	3	3	2			10
CUM DISTRN OF PHYSICIANS	20.0	30.0	30.0	20.0			100.0
	20.0	50.0	80.0	100.0			100.0
NUMBER OF SERVICES	9	5	4	3			21
PCT OF SERVICES	42.8	23.8	19.0	14.2			100.0
CUM DISTRN OF SERVICES	42.8	66.6	85.6	99.9			100.0
EXPENDITURES	86.40	57.60	47.60	33.01			224.61
PCT OF EXPENDITURES	38.4	25.6	21.1	14.6			100.0
CUM DISTRN OF EXPENDITURES	38.4	64.1	85.2	99.9			100.0
BILLED/REASONABLE	1.55	1.25	1.06	1.06			1.30
BILLED/CUSTOMARY	1.55	1.25	0.87	0.74			1.17
BILLED/PREVALING	0.93	0.90	0.78	0.73			0.87
REDUCED CHARGES							
PCT OF SERVICES	100.0	100.0	25.0	33.3			76.1
AMOUNT REDUCED	60.00	18.50	3.60	2.73			84.83
ALL CLAIMS							
AVG AMT REDUCED	6.66	3.70	0.90	0.91			4.03
AVG PCT REDUCTION	35.7	20.4	5.7	6.2			23.2
REDUCED CLAIMS							
AVG AMT REDUCED	6.66	3.70	3.60	2.73			5.30
AVG PCT REDUCTION	35.7	20.4	18.1	12.4			28.2
MEAN CUSTOMARY CHARGE	12.00	14.40	18.00	19.75			14.82
STD. DEVIATION OF CUSTOMARY	.000	.490	.000	.379			2.990

MINIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN REASONABLE AMOUNT : \$13.37  
 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN BILLED AMOUNT : \$17.40

**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$20.00				
CUSTOMARY CHARGE INTERVALS				
LE \$12.50	\$12.50-15.85	\$15.85-19.20	\$19.20-22.50	GT \$22.50
ALL MD'S				
NUMBER OF PHYSICIANS	1	5	1	7
PCT OF PHYSICIANS	14.2	71.4	14.2	100.0
CUM DISTRN OF PHYSICIANS	14.2	85.7	99.9	100.0
NUMBER OF SERVICES	17	10	1	28
PCT OF SERVICES	60.7	35.7	3.5	100.0
CUM DISTRN OF SERVICES	60.7	96.4	99.9	100.0
EXPENDITURES	161.56	110.40	8.00	279.96
PCT OF EXPENDITURES	57.7	39.4	2.8	100.0
CUM DISTRN OF EXPENDITURES	57.7	97.1	99.9	100.0
BILLED/REASONABLE	1.23	1.21	1.00	1.22
BILLED/CUSTOMARY	1.22	1.17	0.54	1.17
BILLED/PREVAILING	0.73	0.84	0.50	0.76
REDUCED CHARGES				
PCT OF SERVICES	94.1	90.0	0.0	89.2
AMOUNT REDUCED	48.11	30.00	0.00	78.11
ALL CLAIMS				
AVG AMT REDUCED	2.83	3.00	0.00	2.78
AVG PCT REDUCTION	19.2	17.8	0.0	18.2
REDUCED CLAIMS				
AVG AMT REDUCED	3.00	3.33		3.12
AVG PCT REDUCTION	20.4	18.9		19.8
MEAN CUSTOMARY CHARGE	12.00	14.30	18.50	13.05
STD. DEVIATION OF CUSTOMARY	.000	.458	.000	1.542
MINIMUM CUSTOMARY CHARGE : \$12.00    MAXIMUM CUSTOMARY CHARGE : \$20.00				
MEAN REASONABLE AMOUNT : \$12.49    MEAN BILLED AMOUNT : \$15.28				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

	LE \$12.50	\$12.50-15.85	MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS \$15.85-19.20	\$19.20-22.50	GT \$22.50	ALL MD'S
NUMBER OF PHYSICIANS						
PCT OF PHYSICIANS	1	2	1			4
CUM DISTRN OF PHYSICIANS	25.0	50.0	25.0			100.0
	25.0	75.0	100.0			100.0
NUMBER OF SERVICES	6	2	1			9
PCT OF SERVICES	66.6	22.2	11.1			100.0
CUM DISTRN OF SERVICES	66.6	88.8	99.9			100.0
EXPENDITURES	56.01	19.20	8.00			83.21
PCT OF EXPENDITURES	67.3	23.0	9.6			100.0
CUM DISTRN OF EXPENDITURES	67.3	90.3	99.9			100.0
BILLED/REASONABLE	1.21	1.04	1.00			1.15
BILLED/CUSTOMARY	1.18	0.86	0.54			1.00
BILLED/PREVAILING	0.70	0.62	0.50			0.66
REDUCED CHARGES						
PCT OF SERVICES	83.3	50.0	0.0			66.6
AMOUNT REDUCED	15.00	1.00	0.00			16.00
ALL CLAIMS						
AVG AMT REDUCED	2.50	0.50	0.00			1.77
AVG PCT REDUCTION	17.6	4.0	0.0			13.3
REDUCED CLAIMS						
AVG AMT REDUCED	3.00	1.00				2.66
AVG PCT REDUCTION	21.1	6.6				18.6
MEAN CUSTOMARY CHARGE	12.00	14.50	18.50			13.27
STD. DEVIATION OF CUSTOMARY	.000	.500	.000			2.127

MINIMUM CUSTOMARY CHARGE : \$12.00 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN REASONABLE AMOUNT : \$11.55 MEAN BILLED AMOUNT : \$13.33

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTUSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$15.00	\$15.00-18.00	\$18.00-21.00	\$21.00-24.00	GT \$24.00	ALL MD'S
MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	1	4	2	2		9
PCT OF PHYSICIANS	11.1	44.4	22.2	22.2		100.0
CUM DISTRN OF PHYSICIANS	11.1	55.5	77.7	99.9		100.0
NUMBER OF SERVICES	1	4	4	4		13
PCT OF SERVICES	7.6	30.7	30.7	30.7		100.0
CUM DISTRN OF SERVICES	7.6	38.4	69.2	99.9		100.0
EXPENDITURES	12.00	55.80	61.37	73.60		202.78
PCT OF EXPENDITURES	5.9	27.5	30.2	36.2		100.0
CUM DISTRN OF EXPENDITURES	5.9	33.4	63.6	99.9		100.0
BILLED/REASONABLE	1.33	1.31	1.01	1.10		1.14
BILLED/CUSTOMARY	1.33	1.31	0.94	1.08		1.11
BILLED/PREVAILING	0.80	0.91	0.78	1.01		0.89
REDUCED CHARGES						
PCT OF SERVICES	100.0	75.0	25.0	75.0		61.5
AMOUNT REDUCED	5.00	21.74	1.28	9.99		38.01
ALL CLAIMS						
AVG AMT REDUCED	5.00	5.43	0.32	2.49		2.92
AVG PCT REDUCTION	25.0	23.7	1.6	9.7		13.0
REDUCED CLAIMS						
AVG AMT REDUCED	5.00	7.24	1.28	3.33		4.75
AVG PCT REDUCTION	25.0	29.5	6.0	12.1		19.3
PCT OF SERVICES ASSIGNED	0.0	0.0	50.0	25.0		23.0
PCT OF EXPENDITURES ASSIGNED	0.0	0.0	54.7	26.0		26.0
PCT OF SERVICES MAND. ASSIGNED	0.0	0.0	0.0	0.0		0.0
PCT OF EXPEND. MAND. ASSIGNED	0.0	0.0	0.0	0.0		0.0
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED			0.0	0.0		0.0
PCT EXPEND. MAND. ASSIGNED			0.0	0.0		0.0
MEAN CUSTOMARY CHARGE	15.00	17.44	20.68	23.50		20.11
STD. DEVIATION OF CUSTOMARY	.000	.837	.554	.866		2.901

MINIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$19.49  
 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN BILLED AMOUNT : \$22.42

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTUSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMOIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00		CUSTOMARY CHARGE INTERVALS		GT \$24.00		ALL MD'S	
LE \$15.00		\$15.00-18.00		\$18.00-21.00		\$21.00-24.00			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS	1	4	2	2	2			9	
	11.1	44.4	22.2	22.2	22.2			100.0	
	11.1	55.5	77.7	77.7	99.9			100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES	1	4	2	2	3			10	
	10.0	40.0	20.0	20.0	30.0			100.0	
	10.0	50.0	70.0	70.0	100.0			100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES	12.00	55.80	27.77	27.77	54.40			149.98	
	8.0	37.2	18.5	18.5	36.2			100.0	
	8.0	45.2	63.7	63.7	99.9			100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.33	1.31	1.03	1.03	1.10			1.18	
	1.33	1.31	0.88	0.88	1.07			1.13	
	0.80	0.91	0.72	0.72	1.00			0.89	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	75.0	50.0	50.0	66.6			70.0	
	5.00	21.74	1.28	1.28	7.00			35.02	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	5.00	5.43	0.64	0.64	2.33			3.50	
	25.0	23.7	3.5	3.5	9.3			15.7	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	5.00	7.24	1.28	1.28	3.50			5.00	
	25.0	29.5	6.0	6.0	12.7			20.6	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	15.00	17.44	20.36	20.36	23.33			19.54	
	.000	.837	.640	.640	.951			2.984	

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : \$18.74 MEAN BILLED AMOUNT : \$22.25

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMOIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS			GT \$24.00	ALL MD'S
LE \$15.00	\$15.00-18.00	\$18.00-21.00	\$21.00-24.00	
NUMBER OF PHYSICIANS				
PCT OF PHYSICIANS	1	1	1	2
CUM DISTRN OF PHYSICIANS	50.0	50.0	100.0	100.0
	50.0			100.0
NUMBER OF SERVICES				
PCT OF SERVICES	2	1	3	3
CUM DISTRN OF SERVICES	66.6	33.3	100.0	100.0
	66.6	99.9		100.0
EXPENDITURES				
PCT OF EXPENDITURES	33.60	19.20	52.80	52.80
CUM DISTRN OF EXPENDITURES	63.6	36.3	100.0	100.0
	63.6	99.9		100.0
BILLED/REASONABLE				
BILLED/CUSTOMARY	1.00	1.12	1.04	1.04
BILLED/PREVAILING	1.00	1.12	1.04	1.04
	0.84	1.08	0.92	0.92
REDUCED CHARGES				
PCT OF SERVICES	0.0	100.0	33.3	33.3
AMOUNT REDUCED	0.00	3.00	3.00	3.00
ALL CLAIMS				
AVG AMT REDUCED	0.00	3.00	1.00	1.00
AVG PCT REDUCTION	0.0	11.1	4.3	4.3
REDUCED CLAIMS				
AVG AMT REDUCED	3.00	3.00	3.00	3.00
AVG PCT REDUCTION	11.1	11.1	11.1	11.1
MEAN CUSTOMARY CHARGE				
STD. DEVIATION OF CUSTOMARY	21.00	24.00	22.00	22.00
	.000	.000	.000	1.414

MINIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$22.00  
 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN BILLED AMOUNT : \$23.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

LE \$15.00 \$15.00-18.00 \$18.00-21.00 \$21.00-24.00 GT \$24.00 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTR OF PHYSICIANS

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTR OF SERVICES

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTR OF EXPENDITURES

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : N/A MEAN BILLED AMOUNT : N/A

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

	MEAN PREVAILING CHARGE : \$21.00 CUSTOMARY CHARGE INTERVALS			GT \$22.50	ALL MD'S
	LE \$16.50	\$16.50-18.50	\$18.50-20.50	\$20.50-22.50	
NUMBER OF PHYSICIANS	2	2	2	2	6
PCT OF PHYSICIANS	33.3	33.3	33.3	33.3	100.0
CUM DISTR OF PHYSICIANS	33.3	66.6	99.9	99.9	100.0
NUMBER OF SERVICES	11	6	9	9	26
PCT OF SERVICES	42.3	23.0	34.6	34.6	100.0
CUM DISTR OF SERVICES	42.3	65.3	99.9	99.9	100.0
EXPENDITURES	125.56	86.40	151.20	151.20	363.16
PCT OF EXPENDITURES	34.5	23.7	41.6	41.6	100.0
CUM DISTR OF EXPENDITURES	34.5	58.3	99.9	99.9	100.0
BILLED/REASONABLE	1.17	1.12	1.32	1.32	1.22
BILLED/CUSTOMARY	1.12	1.12	1.26	1.26	1.18
BILLED/PREVAILING	0.80	0.96	1.32	1.32	1.02
REDUCED CHARGES					
PCT OF SERVICES	36.3	100.0	100.0	100.0	73.0
AMOUNT REDUCED	28.02	14.00	61.00	61.00	103.02
ALL CLAIMS					
AVG AMT REDUCED	2.54	2.33	6.77	6.77	3.96
AVG PCT REDUCTION	15.1	11.4	24.4	24.4	18.4
REDUCED CLAIMS					
AVG AMT REDUCED	7.00	2.33	6.77	6.77	5.42
AVG PCT REDUCTION	38.2	11.4	24.4	24.4	23.1
PCT OF SERVICES ASSIGNED	63.6	50.0	100.0	100.0	73.0
PCT OF EXPENDITURES ASSIGNED	66.8	50.0	100.0	100.0	76.6
PCT OF SERVICES MAND. ASSIGNED	18.1	33.3	33.3	33.3	26.9
PCT OF EXPEND. MAND. ASSIGNED	19.1	33.3	33.3	33.3	28.4
ASSIGNED CLAIMS					
PCT MAND. ASSIGNED	28.5	66.6	33.3	33.3	36.8
PCT EXPEND. MAND. ASSIGNED	28.5	66.6	33.3	33.3	37.0
MEAN CUSTOMARY CHARGE	15.00	18.00	22.00	22.00	18.11
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000	3.057

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.00  
 MEAN REASONABLE AMOUNT : \$17.46 MEAN BILLED AMOUNT : \$21.42

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS

	LE \$16.50	\$16.50-18.50	\$18.50-20.50	\$20.50-22.50	GT \$22.50	ALL MD'S
MEAN PREVAILING CHARGE : \$21.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	2	2				4
PCT OF PHYSICIANS	50.0	50.0				100.0
CUM DISTRN OF PHYSICIANS	50.0	100.0				100.0
NUMBER OF SERVICES	4	3				7
PCT OF SERVICES	57.1	42.8				100.0
CUM DISTRN OF SERVICES	57.1	99.9				100.0
EXPENDITURES	41.60	43.20				84.80
PCT OF EXPENDITURES	49.0	50.9				100.0
CUM DISTRN OF EXPENDITURES	49.0	99.9				100.0
BILLED/REASONABLE	1.00	1.14				1.07
BILLED/CUSTOMARY	0.86	1.14				1.00
BILLED/PREVAILING	0.61	0.98				0.77
REDUCED CHARGES						
PCT OF SERVICES	0.0	100.0				42.8
AMOUNT REDUCED	0.00	8.00				8.00
ALL CLAIMS						
AVG AMT REDUCED	0.00	2.66				1.14
AVG PCT REDUCTION	0.0	12.9				7.0
REDUCED CLAIMS						
AVG AMT REDUCED		2.66				2.66
AVG PCT REDUCTION		12.9				12.9
MEAN CUSTOMARY CHARGE	15.00	18.00				16.28
STD. DEVIATION OF CUSTOMARY	.000	.000				1.492

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.00  
 MEAN REASONABLE AMOUNT : \$15.14 MEAN BILLED AMOUNT : \$16.28

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$16.50 \$16.50-18.50 \$18.50-20.50 \$20.50-22.50 GT \$22.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTN OF PHYSICIANS

2  
 40.0  
 40.0

1  
 20.0  
 60.0

5  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTN OF SERVICES

7  
 36.8  
 36.8

3  
 15.7  
 52.6

9  
 47.3  
 99.9

19  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTN OF EXPENDITURES

84.00  
 30.1  
 30.1

43.20  
 15.5  
 45.6

151.20  
 54.3  
 99.9

278.40  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.26  
 1.26  
 0.90

1.11  
 1.11  
 0.95

1.32  
 1.26  
 1.32

1.27  
 1.24  
 1.11

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

57.1  
 28.00

100.0  
 6.00

100.0  
 61.00

84.2  
 95.00

ALL CLAIMS

AVG AMT REDUCED  
 AVG PCT REDUCTION

4.00  
 21.0

2.00  
 10.0

6.77  
 24.4

5.00  
 21.4

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

7.00  
 31.8

2.00  
 10.0

6.77  
 24.4

5.93  
 23.8

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

15.00  
 .000

18.00  
 .000

22.00  
 .000

18.78  
 3.208

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.00  
 MEAN REASONABLE AMOUNT : \$18.31 MEAN BILLED AMOUNT : \$23.31

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$16.50 \$16.50-18.50 \$18.50-20.50 \$20.50-22.50 GT \$22.50 ALL MD'S

NUMBER OF PHYSICIANS	1	2	1	4
PCT OF PHYSICIANS	25.0	50.0	25.0	100.0
CUM DISTRN OF PHYSICIANS	25.0	75.0	100.0	100.0
NUMBER OF SERVICES	2	2	3	7
PCT OF SERVICES	28.5	28.5	42.8	100.0
CUM DISTRN OF SERVICES	28.5	57.1	99.9	100.0
EXPENDITURES	24.00	28.80	50.40	103.20
PCT OF EXPENDITURES	23.2	27.9	48.8	100.0
CUM DISTRN OF EXPENDITURES	23.2	51.1	99.9	100.0
BILLED/REASONABLE	1.00	1.08	1.42	1.23
BILLED/CUSTOMARY	1.00	1.08	1.36	1.20
BILLED/PREVAILING	0.71	0.92	1.42	1.08
REDUCED CHARGES				
PCT OF SERVICES	0.0	100.0	100.0	71.4
AMOUNT REDUCED	0.00	3.00	27.00	30.00
ALL CLAIMS				
AVG AMT REDUCED	0.00	1.50	9.00	4.28
AVG PCT REDUCTION	0.0	7.6	30.0	18.8
REDUCED CLAIMS				
AVG AMT REDUCED		1.50	9.00	6.00
AVG PCT REDUCTION		7.6	30.0	23.2
MEAN CUSTOMARY CHARGE	15.00	18.00	22.00	18.85
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	2.949

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.00  
 MEAN REASONABLE AMOUNT : \$18.42 MEAN BILLED AMOUNT : \$22.71

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

		MEAN PREVAILING CHARGE : \$4.00		CUSTOMARY CHARGE INTERVALS		GT \$4.75		ALL MD'S	
LE \$2.00		\$2.00-3.00		\$3.00-4.00		\$4.00-4.75			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	12	14	1				28	
	3.5	42.8	50.0	3.5				100.0	
	3.5	46.4	96.4	99.9				100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	1	472	148	2				623	
	0.1	75.7	23.7	0.3				100.0	
	0.1	75.9	99.6	99.9				100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	1.60	1,038.36	466.40	4.80				1,511.16	
	0.1	68.7	30.8	0.3				100.0	
	0.1	68.8	99.6	99.9				100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.50	1.17	1.18	1.00				1.17	
	1.50	1.17	1.17	0.69				1.17	
	0.75	0.81	1.16	0.75				0.89	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	69.2	80.4	0.0				71.7	
	1.00	231.36	105.47	0.00				337.83	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.00	0.49	0.71	0.00				0.54	
	33.3	15.1	15.3	0.0				15.1	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.00	0.70	0.88	0.75				0.75	
	33.3	21.3	18.4	20.3				20.3	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED	100.0	90.4	52.0	0.0				81.0	
	100.0	89.7	51.9	0.0				77.7	
	0.0	47.4	22.2	0.0				41.2	
	0.0	46.8	22.0	0.0				38.9	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED	0.0	52.4	42.8	4.32				50.8	
	0.0	52.2	42.4	.000				50.1	
	2.00	2.75	3.94	3.03				3.03	
	.000	.249	.176	.566				.566	

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.32  
 MEAN REASONABLE AMOUNT : \$3.03 MEAN BILLED AMOUNT : \$3.57

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS

MEAN PREVAILING CHARGE : \$4.00  
 CUSTOMARY CHARGE INTERVALS \$2.00-3.00 \$3.00-4.00 \$4.00-4.75 GT \$4.75 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

10 10 1  
 47.6 47.6 4.7  
 47.6 95.2 99.9

21  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

45 71 2  
 38.1 60.1 1.6  
 38.1 98.2 99.9

118  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

106.80 224.00 4.80  
 31.8 66.7 1.4  
 31.8 98.5 99.9

335.60  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.26 1.20 1.00  
 1.26 1.20 0.69  
 0.94 1.18 0.75

1.22  
 1.21  
 1.08

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

68.8 74.6 0.0  
 36.04 57.00 0.00

71.1  
 93.04

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

0.80 0.80 0.00  
 21.2 16.9 0.0

0.78  
 18.1

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

1.16 1.07 1.10  
 28.1 21.5 23.6

1.10  
 23.6

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

2.98 3.94 4.32  
 .084 .173 .000

3.58  
 .494

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.32  
 MEAN REASONABLE AMOUNT : \$3.55 MEAN BILLED AMOUNT : \$4.34

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS

		MEAN PREVAILING CHARGE : \$4.00		CUSTOMARY CHARGE INTERVALS			
LE \$2.00		\$2.00-3.00		\$3.00-4.00		GT \$4.75	
NUMBER OF PHYSICIANS		10		12			
PCT OF PHYSICIANS		43.4		52.1			
CUM DISTRN OF PHYSICIANS		47.8		99.9			
NUMBER OF SERVICES		427		77			
PCT OF SERVICES		84.5		15.2			
CUM DISTRN OF SERVICES		84.7		99.9			
EXPENDITURES		931.60		242.40			
PCT OF EXPENDITURES		79.2		20.6			
CUM DISTRN OF EXPENDITURES		79.3		99.9			
BILLED/REASONABLE		1.16		1.16			
BILLED/CUSTOMARY		1.16		1.15			
BILLED/PREVAILING		0.79		1.14			
REDUCED CHARGES		69.3		85.7			
PCT OF SERVICES		195.58		48.50			
AMOUNT REDUCED							
ALL CLAIMS							
AVG AMT REDUCED		0.45		0.62			
AVG PCT REDUCTION		14.3		13.7			
REDUCED CLAIMS							
AVG AMT REDUCED		0.66		0.73			
AVG PCT REDUCTION		20.3		15.7			
MEAN CUSTOMARY CHARGE		2.72		3.94			
STD. DEVIATION OF CUSTOMARY		.249		.152			





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

LE \$2.00 MEAN PREVAILING CHARGE : \$4.00  
 CUSTOMARY CHARGE INTERVALS  
 \$2.00-3.00 \$3.00-4.00 \$4.00-4.75 GT \$4.75 ALL MD'S

NUMBER OF PHYSICIANS	10	10	20
PCT OF PHYSICIANS	50.0	50.0	100.0
CUM DISTRN OF PHYSICIANS	50.0	100.0	100.0
NUMBER OF SERVICES	224	33	257
PCT OF SERVICES	87.1	12.8	100.0
CUM DISTRN OF SERVICES	87.1	99.9	100.0
EXPENDITURES	486.40	102.60	589.20
PCT OF EXPENDITURES	82.5	17.4	100.0
CUM DISTRN OF EXPENDITURES	82.5	99.9	100.0
BILLED/REASONABLE	1.16	1.18	1.16
BILLED/CUSTOMARY	1.16	1.18	1.16
BILLED/PREVAILING	0.78	1.15	0.83
REDUCED CHARGES	69.6	87.8	71.9
PCT OF SERVICES	98.47	23.50	121.97
AMOUNT REDUCED			
ALL CLAIMS	0.43	0.71	0.47
AVG AMT REDUCED	13.9	15.4	14.2
AVG PCT REDUCTION			
REDUCED CLAIMS	0.63	0.81	0.65
AVG AMT REDUCED	19.7	17.2	19.2
AVG PCT REDUCTION			
MEAN CUSTOMARY CHARGE	2.71	3.89	2.86
STD. DEVIATION OF CUSTOMARY	.249	.221	.467

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.32  
 MEAN REASONABLE AMOUNT : \$2.86 MEAN BILLED AMOUNT : \$3.34

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$4.75	MEAN PREVAILING CHARGE : \$6.00 CUSTOMARY CHARGE INTERVALS \$4.75-5.65 \$5.65-6.60 \$6.60-7.50	GT \$7.50	ALL MD'S
NUMBER OF PHYSICIANS				
PCT OF PHYSICIANS	1	4	2	7
CUM DISTRN OF PHYSICIANS	14.2	57.1	28.5	100.0
	14.2	71.4	99.9	100.0
NUMBER OF SERVICES				
PCT OF SERVICES	2	72	26	100
CUM DISTRN OF SERVICES	2.0	72.0	26.0	100.0
	2.0	74.0	100.0	100.0
EXPENDITURES				
PCT OF EXPENDITURES	8.96	339.16	124.80	472.92
CUM DISTRN OF EXPENDITURES	1.8	71.7	26.3	100.0
	1.8	73.6	99.9	100.0
BILLED/REASONABLE				
BILLED/CUSTOMARY	1.42	1.16	1.34	1.21
BILLED/PREVAILING	1.42	1.14	1.15	1.15
	1.33	1.14	1.34	1.19
REDUCED CHARGES				
PCT OF SERVICES	100.0	68.0	100.0	77.0
AMOUNT REDUCED	4.80	69.50	54.49	128.79
ALL CLAIMS				
AVG AMT REDUCED	2.40	0.96	2.09	1.28
AVG PCT REDUCTION	30.0	14.0	25.8	17.8
REDUCED CLAIMS				
AVG AMT REDUCED	2.40	1.41	2.09	1.67
AVG PCT REDUCTION	30.0	19.1	25.8	21.8
PCT OF SERVICES ASSIGNED				
PCT OF EXPENDITURES ASSIGNED	0.0	68.0	100.0	75.0
PCT OF SERVICES MAND. ASSIGNED	0.0	69.3	100.0	76.1
PCT OF EXPEND. MAND. ASSIGNED	0.0	40.2	11.5	32.0
	0.0	41.0	11.5	32.4
ASSIGNED CLAIMS				
PCT MAND. ASSIGNED				
PCT EXPEND. MAND. ASSIGNED				
		59.1	11.5	42.6
		59.1	11.5	42.6
MEAN CUSTOMARY CHARGE				
STD. DEVIATION OF CUSTOMARY	5.60	6.00	7.00	6.25
	.000	.000	.000	.446
MINIMUM CUSTOMARY CHARGE : \$5.60				
MEAN REASONABLE AMOUNT : \$5.91				
MAXIMUM CUSTOMARY CHARGE : \$7.00				
MEAN BILLED AMOUNT : \$7.19				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

LE \$4.75 MEAN PREVAILING CHARGE : \$6.00  
 CUSTOMARY CHARGE INTERVALS \$4.75-5.65 \$5.65-6.60 \$6.60-7.50 GT \$7.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

1 3  
 25.0 75.0  
 25.0 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

2 23  
 8.0 92.0  
 8.0 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

8.96 104.01  
 7.9 92.0  
 7.9 99.9

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.42 1.18  
 1.42 1.11  
 1.33 1.11

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0 73.9  
 4.80 24.50

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

2.40 1.06  
 30.0 15.8

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

2.40 1.44  
 30.0 19.3

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

5.60 6.00  
 .000 .000

MINIMUM CUSTOMARY CHARGE : \$5.60 MAXIMUM CUSTOMARY CHARGE : \$7.00  
 MEAN REASONABLE AMOUNT : \$5.64 MEAN BILLED AMOUNT : \$6.82

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

1.17  
 17.1

1.54  
 20.5

5.96  
 .105





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	MEAN PREVAILING CHARGE :		GT \$7.50	ALL MD'S
	LE \$4.75	CUSTOMARY CHARGE INTERVALS		
	\$4.75-5.65	\$5.65-6.60	\$6.60-7.50	
NUMBER OF PHYSICIANS				
PCT OF PHYSICIANS				
CUM DISTN OF PHYSICIANS				
NUMBER OF SERVICES				
PCT OF SERVICES				
CUM DISTN OF SERVICES				
EXPENDITURES				
PCT OF EXPENDITURES				
CUM DISTN OF EXPENDITURES				
BILLED/REASONABLE				
BILLED/CUSTOMARY				
BILLED/PREVAILING				
REDUCED CHARGES				
PCT OF SERVICES				
AMOUNT REDUCED				
ALL CLAIMS				
AVG AMT REDUCED				
AVG PCT REDUCTION				
REDUCED CLAIMS				
AVG AMT REDUCED				
AVG PCT REDUCTION				
MEAN CUSTOMARY CHARGE				
STD. DEVIATION OF CUSTOMARY				
MINIMUM CUSTOMARY CHARGE :	\$5.60	MAXIMUM CUSTOMARY CHARGE :	\$7.00	
MEAN REASONABLE AMOUNT :	\$6.00	MEAN BILLED AMOUNT :	\$7.32	

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

6	100.0	100.0
75	100.0	100.0
360.00	100.0	100.0
1.22	1.15	1.22
77.3	99.49	
1.32	18.1	
1.71	22.2	
6.34		
.484		



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$6.00			
		CUSTOMARY CHARGE INTERVALS			
LE	\$4.75	\$4.75-5.65	\$5.65-6.60	\$6.60-7.50	GT \$7.50
ALL MD'S					
NUMBER OF PHYSICIANS					
PCT OF PHYSICIANS					
CUM DISTRN OF PHYSICIANS					
NUMBER OF SERVICES					
PCT OF SERVICES					
CUM DISTRN OF SERVICES					
EXPENDITURES					
PCT OF EXPENDITURES					
CUM DISTRN OF EXPENDITURES					
BILLED/REASONABLE					
BILLED/CUSTOMARY					
BILLED/PREVAILING					
REDUCED CHARGES					
PCT OF SERVICES					
AMOUNT REDUCED					
ALL CLAIMS					
AVG AMT REDUCED					
AVG PCT REDUCTION					
REDUCED CLAIMS					
AVG AMT REDUCED					
AVG PCT REDUCTION					
MEAN CUSTOMARY CHARGE					
STD. DEVIATION OF CUSTOMARY					

MINIMUM CUSTOMARY CHARGE : \$5.60 MAXIMUM CUSTOMARY CHARGE : \$7.00  
 MEAN REASONABLE AMOUNT : \$6.00 MEAN BILLED AMOUNT : \$6.98

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

NUMBER OF PHYSICIANS					
PCT OF PHYSICIANS					
CUM DISTRN OF PHYSICIANS					
NUMBER OF SERVICES					
PCT OF SERVICES					
CUM DISTRN OF SERVICES					
EXPENDITURES					
PCT OF EXPENDITURES					
CUM DISTRN OF EXPENDITURES					
BILLED/REASONABLE					
BILLED/CUSTOMARY					
BILLED/PREVAILING					
REDUCED CHARGES					
PCT OF SERVICES					
AMOUNT REDUCED					
ALL CLAIMS					
AVG AMT REDUCED					
AVG PCT REDUCTION					
REDUCED CLAIMS					
AVG AMT REDUCED					
AVG PCT REDUCTION					
MEAN CUSTOMARY CHARGE					
STD. DEVIATION OF CUSTOMARY					



**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$7.00	\$7.00-8.00	MEAN PREVAILING CHARGE : \$8.50 CUSTOMARY CHARGE INTERVALS	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS	7	19	7	3			36
PCT OF PHYSICIANS	19.4	52.7	19.4	8.3			100.0
CUM DISTRN OF PHYSICIANS	19.4	72.2	91.6	99.9			100.0
NUMBER OF SERVICES	551	1,288	234	90			2,163
PCT OF SERVICES	25.4	59.5	10.8	4.1			100.0
CUM DISTRN OF SERVICES	25.4	85.0	95.8	99.9			100.0
EXPENDITURES	3,061.37	8,099.94	1,591.20	612.00			13,364.52
PCT OF EXPENDITURES	22.9	60.6	11.9	4.5			100.0
CUM DISTRN OF EXPENDITURES	22.9	83.5	95.4	99.9			100.0
BILLED/REASONABLE	1.29	1.17	1.18	1.35			1.21
BILLED/CUSTOMARY	1.29	1.17	1.12	1.14			1.19
BILLED/PREVAILING	1.06	1.08	1.18	1.35			1.10
REDUCED CHARGES							
PCT OF SERVICES	95.4	90.1	100.0	100.0			92.9
AMOUNT REDUCED	1,144.16	1,762.46	365.32	269.44			3,541.38
ALL CLAIMS							
AVG AMT REDUCED	2.07	1.36	1.56	2.99			1.63
AVG PCT REDUCTION	23.0	14.8	15.5	26.0			17.4
REDUCED CLAIMS							
AVG AMT REDUCED	2.17	1.51	1.56	2.99			1.76
AVG PCT REDUCTION	23.7	16.2	15.5	26.0			18.5
PCT OF SERVICES ASSIGNED	50.8	55.2	35.4	48.8			51.7
PCT OF EXPENDITURES ASSIGNED	50.5	55.2	35.4	48.8			51.5
PCT OF SERVICES MAND. ASSIGNED	23.9	25.2	18.3	25.5			24.1
PCT OF EXPEND. MAND. ASSIGNED	23.6	25.1	18.3	25.5			24.0
ASSIGNED CLAIMS							
PCT MAND. ASSIGNED	47.1	45.6	51.8	52.2			46.7
PCT EXPEND. MAND. ASSIGNED	46.7	45.5	51.8	52.2			46.6
MEAN CUSTOMARY CHARGE	6.94	7.87	8.93	10.00			7.84
STD. DEVIATION OF CUSTOMARY	.224	.245	.200	.000			.756

MINIMUM CUSTOMARY CHARGE : \$6.00 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$7.72 MEAN BILLED AMOUNT : \$9.36

**TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS**  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$7.00	MEAN PREVAILING CHARGE : \$8.50 CUSTOMARY CHARGE INTERVALS \$7.00-8.00 \$8.00-9.00 \$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS	7	17	3	33
PCT OF PHYSICIANS	21.2	51.5	9.0	100.0
CUM DISTRN OF PHYSICIANS	21.2	72.7	99.9	100.0
NUMBER OF SERVICES	271	576	151	1,044
PCT OF SERVICES	25.9	55.1	14.4	100.0
CUM DISTRN OF SERVICES	25.9	81.1	95.5	100.0
EXPENDITURES	1,513.00	3,623.04	1,026.80	6,475.64
PCT OF EXPENDITURES	23.3	55.9	15.8	100.0
CUM DISTRN OF EXPENDITURES	23.3	79.3	95.1	100.0
BILLED/REASONABLE	1.28	1.18	1.18	1.21
BILLED/CUSTOMARY	1.28	1.18	1.12	1.19
BILLED/PREVALING	1.05	1.09	1.18	1.10
REDUCED CHARGES				
PCT OF SERVICES	99.6	88.8	100.0	93.7
AMOUNT REDUCED	538.91	850.79	231.05	1,737.66
ALL CLAIMS				
AVG AMT REDUCED	1.98	1.47	1.53	1.66
AVG PCT REDUCTION	22.1	15.8	15.2	17.6
REDUCED CLAIMS				
AVG AMT REDUCED	1.99	1.66	1.53	1.77
AVG PCT REDUCTION	22.2	17.5	15.2	18.6
MEAN CUSTOMARY CHARGE	6.98	7.98	8.92	7.89
STD. DEVIATION OF CUSTOMARY	.130	.243	.182	.780
MINIMUM CUSTOMARY CHARGE : \$6.00				
MEAN REASONABLE AMOUNT : \$7.75				
MAXIMUM CUSTOMARY CHARGE : \$10.00				
MEAN BILLED AMOUNT : \$9.41				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$8.50				
		CUSTOMARY CHARGE INTERVALS				
		\$7.00-8.00	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
LE \$7.00						
	NUMBER OF PHYSICIANS	17	4	2		29
	PCT OF PHYSICIANS	58.6	13.7	6.8		100.0
	CUM DISTRN OF PHYSICIANS	79.3	93.0	99.9		100.0
	NUMBER OF SERVICES	712	83	44		1,119
	PCT OF SERVICES	63.6	7.4	3.9		100.0
	CUM DISTRN OF SERVICES	88.6	96.0	99.9		100.0
	EXPENDITURES	4,477.62	564.40	299.20		6,890.02
	PCT OF EXPENDITURES	64.9	8.1	4.3		100.0
	CUM DISTRN OF EXPENDITURES	87.4	95.6	99.9		100.0
	BILLED/REASONABLE	1.16	1.19	1.40		1.21
	BILLED/CUSTOMARY	1.31	1.13	1.19		1.19
	BILLED/PREVAILING	1.06	1.07	1.40		1.09
	REDUCED CHARGES					
	PCT OF SERVICES	91.1	100.0	100.0		92.2
	AMOUNT REDUCED	912.95	134.39	153.20		1,808.95
	ALL CLAIMS					
	AVG AMT REDUCED	1.28	1.61	3.48		1.61
	AVG PCT REDUCTION	23.9	14.0	29.0		17.3
	REDUCED CLAIMS					
	AVG AMT REDUCED	1.40	1.61	3.48		1.75
	AVG PCT REDUCTION	25.3	15.2	29.0		18.5
	MEAN CUSTOMARY CHARGE	6.91	8.93	10.00		7.79
	STD. DEVIATION OF CUSTOMARY	.286	.200	.000		.736

MINIMUM CUSTOMARY CHARGE : \$6.00 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$7.69 MEAN BILLED AMOUNT : \$9.31

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

1.75  
18.5  
7.79  
.736

92.2  
1,808.95  
1.61  
17.3



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
SPECIALTY : GENERAL PRACTITIONER  
CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

	LE	\$7.00	MEAN PREVAILING CHARGE : \$8.50		GT	\$10.00	ALL MD'S
			CUSTOMARY \$7.00-\$8.00	INTERVALS \$8.00-\$9.00			
NUMBER OF PHYSICIANS	6		16	3			27
PCT OF PHYSICIANS	22.2		59.2	11.1			100.0
CUM DISTRN OF PHYSICIANS	22.2		81.4	92.5			100.0
NUMBER OF SERVICES	132		325	43			523
PCT OF SERVICES	25.2		62.1	8.2			100.0
CUM DISTRN OF SERVICES	25.2		87.3	95.5			100.0
EXPENDITURES	724.00		2,039.56	292.40			3,212.36
PCT OF EXPENDITURES	22.5		63.4	9.1			100.0
CUM DISTRN OF EXPENDITURES	22.5		86.0	95.1			100.0
BILLED/REASONABLE	1.26		1.17	1.20			1.21
BILLED/CUSTOMARY	1.26		1.17	1.15			1.19
BILLED/PREVAILING	1.01		1.08	1.20			1.09
REDUCED CHARGES							
PCT OF SERVICES	85.6		93.2	100.0			92.1
AMOUNT REDUCED	239.41		458.50	74.57			848.98
ALL CLAIMS							
AVG AMT REDUCED	1.81		1.41	1.73			1.62
AVG PCT REDUCTION	20.9		15.2	16.9			17.4
REDUCED CLAIMS							
AVG AMT REDUCED	2.11		1.51	1.73			1.76
AVG PCT REDUCTION	23.2		16.1	16.9			18.5
MEAN CUSTOMARY CHARGE	6.85		7.85	8.88			7.78
STD. DEVIATION OF CUSTOMARY	.352		.239	.239			.785
MINIMUM CUSTOMARY CHARGE : \$6.00    MAXIMUM CUSTOMARY CHARGE : \$10.00 MEAN REASONABLE AMOUNT : \$7.67    MEAN BILLED AMOUNT : \$9.30							

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
PROFILE AREA 04 : SACRAMENTO ET. AL.  
SPECIALTY : GENERAL PRACTITIONER  
CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

	LE \$7.00	MEAN PREVAILING CHARGE : \$13.00 CUSTOMARY CHARGE INTERVALS \$7.00-8.00 \$8.00-9.00 \$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS	12	2	11	32
PCT OF PHYSICIANS	37.5	6.2	34.3	100.0
CUM DISTRN OF PHYSICIANS	37.5	43.7	78.1	100.0
NUMBER OF SERVICES	601	276	457	1,501
PCT OF SERVICES	40.0	18.3	30.4	100.0
CUM DISTRN OF SERVICES	40.0	58.4	88.8	100.0
EXPENDITURES	3,841.36	1,987.20	3,653.48	10,595.01
PCT OF EXPENDITURES	34.9	18.0	33.2	100.0
CUM DISTRN OF EXPENDITURES	34.9	53.0	86.2	100.0
BILLED/REASONABLE	1.20	1.31	1.04	1.15
BILLED/CUSTOMARY	1.20	1.31	1.04	1.14
BILLED/PREVALING	0.73	0.90	0.80	0.81
REDUCED CHARGES	99.5	100.0	21.0	72.6
PCT OF SERVICES	976.19	774.11	220.46	2,167.14
AMOUNT REDUCED				
ALL CLAIMS	1.62	2.80	0.48	1.44
AVG AMT REDUCED	16.8	23.7	4.6	13.6
AVG PCT REDUCTION				
REDUCED CLAIMS	1.63	2.80	2.29	1.98
AVG AMT REDUCED	16.9	23.7	18.8	18.3
AVG PCT REDUCTION				
PCT OF SERVICES ASSIGNED	59.0	89.8	53.3	62.8
PCT OF EXPENDITURES ASSIGNED	59.0	89.8	53.3	62.6
PCT OF SERVICES MAND. ASSIGNED	26.9	48.9	20.7	28.9
PCT OF EXPEND. MAND. ASSIGNED	26.9	48.9	20.7	28.6
ASSIGNED CLAIMS	45.6	54.4	38.9	46.0
PCT MAND. ASSIGNED	45.7	54.4	38.7	45.8
PCT EXPEND. MAND. ASSIGNED				
MEAN CUSTOMARY CHARGE	8.00	9.00	10.00	9.27
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	1.419
MINIMUM CUSTOMARY CHARGE : \$8.00				
MEAN REASONABLE AMOUNT : \$9.15				
MAXIMUM CUSTOMARY CHARGE : \$14.00				
MEAN BILLED AMOUNT : \$10.60				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$10.00		ALL MD'S	
		\$7.00-8.00		\$8.00-9.00		\$9.00-10.00			
NUMBER OF PHYSICIANS		11	1	10	6	28			
PCT OF PHYSICIANS		39.2	3.5	35.7	21.4	100.0			
CUM DISTRN OF PHYSICIANS		39.2	42.8	78.5	100.0				
NUMBER OF SERVICES		246	28	213	70	557			
PCT OF SERVICES		44.1	5.0	38.2	12.5	100.0			
CUM DISTRN OF SERVICES		44.1	49.1	87.4	100.0				
EXPENDITURES		1,574.40	201.60	1,703.23	629.72	4,108.96			
PCT OF EXPENDITURES		38.3	4.9	41.4	15.3	100.0			
CUM DISTRN OF EXPENDITURES		38.3	43.2	84.6	100.0				
BILLED/REASONABLE		1.23	1.11	1.02	1.10	1.12			
BILLED/CUSTOMARY		1.23	1.11	1.02	0.99	1.10			
BILLED/PREVAILING		0.75	0.76	0.79	0.95	0.79			
REDUCED CHARGES		100.0	100.0	10.3	70.0	61.9			
PCT OF SERVICES		457.81	28.00	61.95	79.95	627.71			
AMOUNT REDUCED									
ALL CLAIMS		1.86	1.00	0.29	1.14	1.12			
AVG AMT REDUCED		18.8	10.0	2.8	9.2	10.8			
AVG PCT REDUCTION									
REDUCED CLAIMS		1.86	1.00	2.81	1.63	1.81			
AVG AMT REDUCED		18.8	10.0	22.1	12.2	17.2			
AVG PCT REDUCTION									
MEAN CUSTOMARY CHARGE		8.00	9.00	10.00	12.42	9.37			
STD. DEVIATION OF CUSTOMARY		.000	.000	.000	1.015	1.517			

MINIMUM CUSTOMARY CHARGE : \$8.00  
 MEAN REASONABLE AMOUNT : \$9.22  
 MAXIMUM CUSTOMARY CHARGE : \$14.00  
 MEAN BILLED AMOUNT : \$10.34

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS

	LE \$7.00	MEAN PREVAILING CUSTOMARY CHARGE INTERVALS	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS						
PCT OF PHYSICIANS	8	2	8	7	25	
CUM DISTRN OF PHYSICIANS	32.0	8.0	32.0	28.0	100.0	
	32.0	40.0	72.0	100.0	100.0	
NUMBER OF SERVICES						
PCT OF SERVICES	355	248	244	97	944	
CUM DISTRN OF SERVICES	37.6	26.2	25.8	10.2	100.0	
	37.6	63.8	89.7	100.0	100.0	
EXPENDITURES						
PCT OF EXPENDITURES	2,267.32	1,765.60	1,950.52	884.06	6,887.50	
CUM DISTRN OF EXPENDITURES	32.9	25.9	28.3	12.8	100.0	
	32.9	58.8	87.1	100.0	100.0	
BILLED/REASONABLE						
PCT OF SERVICES	1.18	1.33	1.06	1.10	1.17	
BILLED/CUSTOMARY	1.18	1.33	1.06	1.02	1.16	
BILLED/PREVAILING	0.72	0.92	0.81	0.96	0.82	
REDUCED CHARGES						
PCT OF SERVICES	99.1	100.0	30.3	74.2	79.0	
AMOUNT REDUCED	518.90	746.21	159.99	115.88	1,540.98	
ALL CLAIMS						
AVG AMT REDUCED	1.46	3.00	0.65	1.19	1.63	
AVG PCT REDUCTION	15.4	25.0	6.1	9.4	15.1	
REDUCED CLAIMS						
AVG AMT REDUCED	1.47	3.00	2.16	1.60	2.06	
AVG PCT REDUCTION	15.6	25.0	17.9	12.1	18.9	
MEAN CUSTOMARY CHARGE	8.00	9.00	10.00	12.33	9.22	
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	1.063	1.360	
MINIMUM CUSTOMARY CHARGE : \$8.00						
MEAN REASONABLE AMOUNT : \$9.12						
MAXIMUM CUSTOMARY CHARGE : \$14.00						
MEAN BILLED AMOUNT : \$10.75						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

	MEAN PREVAILING CHARGE : \$13.00				
	CUSTOMARY CHARGE INTERVALS				
	\$7.00-8.00	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
LE \$7.00					
NUMBER OF PHYSICIANS	8	2	8	7	25
PCT OF PHYSICIANS	32.0	8.0	32.0	28.0	100.0
CUM DISTN OF PHYSICIANS	32.0	40.0	72.0	100.0	100.0
NUMBER OF SERVICES	162	135	95	43	435
PCT OF SERVICES	37.2	31.0	21.8	9.8	100.0
CUM DISTN OF SERVICES	37.2	68.2	90.1	100.0	100.0
EXPENDITURES	1,036.80	972.00	756.80	389.60	3,155.20
PCT OF EXPENDITURES	32.8	30.8	23.9	12.3	100.0
CUM DISTN OF EXPENDITURES	32.8	63.6	87.6	100.0	100.0
BILLED/REASONABLE	1.19	1.33	1.05	1.10	1.19
BILLED/CUSTOMARY	1.19	1.33	1.05	0.99	1.17
BILLED/PREVAILING	0.73	0.92	0.81	0.96	0.83
REDUCED CHARGES	99.3	100.0	29.4	67.4	81.1
PCT OF SERVICES	259.45	407.36	54.50	50.50	762.81
AMOUNT REDUCED					
ALL CLAIMS	1.54	3.01	0.57	1.17	1.75
AVG AMT REDUCED	16.1	25.1	5.4	9.3	16.2
AVG PCT REDUCTION					
REDUCED CLAIMS	1.55	3.01	1.94	1.74	2.16
AVG AMT REDUCED	16.2	25.1	16.5	12.9	19.6
AVG PCT REDUCTION					
MEAN CUSTOMARY CHARGE	8.00	9.00	10.00	12.50	9.19
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	1.077	1.370

MINIMUM CUSTOMARY CHARGE : \$8.00 MAXIMUM CUSTOMARY CHARGE : \$14.00  
 MEAN REASONABLE AMOUNT : \$9.06 MEAN BILLED AMOUNT : \$10.82

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$16.00						
CUSTOMARY CHARGE INTERVALS						
	LE \$10.00	\$10.00-12.00	\$12.00-14.00	\$14.00-16.00	GT \$16.00	ALL MD'S
NUMBER OF PHYSICIANS	8	5	5	6	1	25
PCT OF PHYSICIANS	32.0	20.0	20.0	24.0	4.0	100.0
CUM DISTRN OF PHYSICIANS	32.0	52.0	72.0	96.0	100.0	100.0
NUMBER OF SERVICES	99	12	88	39	1	239
PCT OF SERVICES	41.4	5.0	36.8	16.3	0.4	100.0
CUM DISTRN OF SERVICES	41.4	46.4	83.2	99.5	100.0	100.0
EXPENDITURES	776.72	114.40	923.07	489.60	12.80	2,316.59
PCT OF EXPENDITURES	33.5	4.9	39.8	21.1	0.5	100.0
CUM DISTRN OF EXPENDITURES	33.5	38.4	78.2	99.4	100.0	100.0
BILLED/REASONABLE	1.24	1.18	1.14	1.14	2.37	1.18
BILLED/CUSTOMARY	1.24	1.18	1.13	1.13	1.58	1.17
BILLED/PREVAILING	0.76	0.88	0.93	1.12	2.37	0.89
REDUCED CHARGES						
PCT OF SERVICES	53.5	100.0	95.4	89.7	100.0	77.4
AMOUNT REDUCED	239.28	27.00	167.05	87.92	22.00	543.25
ALL CLAIMS						
AVG AMT REDUCED	2.41	2.25	1.89	2.25	22.00	2.27
AVG PCT REDUCTION	19.7	15.8	12.6	12.5	57.8	15.7
REDUCED CLAIMS						
AVG AMT REDUCED	4.51	2.25	1.98	2.51	22.00	2.93
AVG PCT REDUCTION	32.2	15.8	13.2	13.6	57.8	19.0
PCT OF SERVICES ASSIGNED	64.6	66.6	22.7	56.4	0.0	47.6
PCT OF EXPENDITURES ASSIGNED	65.5	67.1	23.3	55.8	0.0	46.3
PCT OF SERVICES MAND. ASSIGNED	46.4	16.6	13.6	28.2	0.0	29.7
PCT OF EXPEND. MAND. ASSIGNED	46.9	16.7	14.2	27.7	0.0	28.1
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED	71.8	25.0	60.0	50.0		62.2
PCT EXPEND. MAND. ASSIGNED	71.7	25.0	60.9	49.7		60.6
MEAN CUSTOMARY CHARGE	9.84	11.91	13.16	15.76	24.00	12.20
STD. DEVIATION OF CUSTOMARY	.371	.303	.369	.429	.000	2.331

MINIMUM CUSTOMARY CHARGE : \$9.00  
 MEAN REASONABLE AMOUNT : \$12.11  
 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN BILLED AMOUNT : \$14.38

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$10.00	MEAN PREVALING CHARGE : \$16.00 CUSTOMARY CHARGE INTERVALS \$10.00-12.00 \$12.00-14.00 \$14.00-16.00	GT \$16.00	ALL MD'S
NUMBER OF PHYSICIANS	7	2	5	18
PCT OF PHYSICIANS	38.8	10.6	27.7	100.0
CUM DISTRN OF PHYSICIANS	38.8	55.5	94.4	100.0
NUMBER OF SERVICES	35	4	17	125
PCT OF SERVICES	28.0	3.2	13.6	100.0
CUM DISTRN OF SERVICES	28.0	31.2	99.2	100.0
EXPENDITURES	268.00	37.60	216.00	1,242.08
PCT OF EXPENDITURES	21.5	3.0	17.3	100.0
CUM DISTRN OF EXPENDITURES	21.5	24.5	98.9	100.0
BILLED/REASONABLE	1.50	1.23	1.09	1.22
BILLED/CUSTOMARY	1.50	1.23	1.09	1.22
BILLED/PREVALING	0.89	0.90	1.08	0.95
REDUCED CHARGES				
PCT OF SERVICES	88.5	100.0	94.1	96.0
AMOUNT REDUCED	168.94	11.00	26.00	356.80
ALL CLAIMS				
AVG AMT REDUCED	4.82	2.75	1.52	2.85
AVG PCT REDUCTION	33.5	18.9	8.7	18.6
REDUCED CLAIMS				
AVG AMT REDUCED	5.44	2.75	1.62	2.97
AVG PCT REDUCTION	36.9	18.9	9.2	19.3
MEAN CUSTOMARY CHARGE	9.57	11.75	15.88	12.48
STD. DEVIATION OF CUSTOMARY	.503	.432	.339	2.299
MINIMUM CUSTOMARY CHARGE : \$9.00				
MAXIMUM CUSTOMARY CHARGE : \$24.00				
MEAN REASONABLE AMOUNT : \$12.42				
MEAN BILLED AMOUNT : \$15.27				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$10.00	\$10.00-12.00	\$12.00-14.00	\$14.00-16.00	GT \$16.00	ALL MD'S
MEAN PREVAILING CHARGE : \$16.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	6	2	5	6		19
PCT OF PHYSICIANS	31.5	10.5	26.3	31.5		100.0
CUM DISTN OF PHYSICIANS	31.5	42.0	68.4	99.9		100.0
NUMBER OF SERVICES	64	8	20	22		114
PCT OF SERVICES	56.1	7.0	17.5	19.2		100.0
CUM DISTN OF SERVICES	56.1	63.1	80.6	99.9		100.0
EXPENDITURES	508.80	76.80	215.39	273.60		1,074.59
PCT OF EXPENDITURES	47.3	7.1	20.0	25.4		100.0
CUM DISTN OF EXPENDITURES	47.3	54.4	74.5	99.9		100.0
BILLED/REASONABLE	1.11	1.16	1.14	1.18		1.13
BILLED/CUSTOMARY	1.10	1.16	1.12	1.17		1.12
BILLED/PREVAILING	0.68	0.87	0.96	1.14		0.83
REDUCED CHARGES						
PCT OF SERVICES	34.3	100.0	80.0	86.3		57.0
AMOUNT REDUCED	70.46	16.10	38.80	62.00		187.26
ALL CLAIMS						
AVG AMT REDUCED	1.10	2.00	1.94	2.81		1.64
AVG PCT REDUCTION	9.9	14.2	12.5	15.3		12.2
REDUCED CLAIMS						
AVG AMT REDUCED	3.20	2.00	2.42	3.26		2.88
AVG PCT REDUCTION	24.7	14.2	15.6	17.1		18.5
MEAN CUSTOMARY CHARGE	10.00	12.00	13.71	15.68		11.88
STD. DEVIATION OF CUSTOMARY	.000	.000	.425	.492		2.335
MINIMUM CUSTOMARY CHARGE : \$9.00 MAXIMUM CUSTOMARY CHARGE : \$24.00 MEAN REASONABLE AMOUNT : \$11.78 MEAN BILLED AMOUNT : \$13.42						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

	LE \$10.00	MEAN PREVAILING CHARGE : \$16.00 CUSTOMARY CHARGE INTERVALS \$12.00-14.00-16.00	GT \$16.00	ALL MD'S
NUMBER OF PHYSICIANS	3	1	5	12
PCT OF PHYSICIANS	25.0	8.3	41.6	100.0
CUM DISTRN OF PHYSICIANS	25.0	33.3	99.9	100.0
NUMBER OF SERVICES	46	2	11	71
PCT OF SERVICES	64.7	2.8	15.4	100.0
CUM DISTRN OF SERVICES	64.7	67.5	99.9	100.0
EXPENDITURES	364.86	19.20	136.00	651.26
PCT OF EXPENDITURES	56.0	2.9	20.8	100.0
CUM DISTRN OF EXPENDITURES	56.0	58.9	99.9	100.0
BILLED/REASONABLE	1.10	1.16	1.17	1.14
BILLED/CUSTOMARY	1.10	1.16	1.15	1.13
BILLED/PREVAILING	0.68	0.87	1.02	0.81
REDUCED CHARGES				
PCT OF SERVICES	39.1	100.0	90.9	56.3
AMOUNT REDUCED	50.06	4.00	30.00	116.06
ALL CLAIMS				
AVG AMT REDUCED	1.08	2.00	2.72	1.63
AVG PCT REDUCTION	9.8	14.2	15.0	12.4
REDUCED CLAIMS				
AVG AMT REDUCED	2.78	2.00	3.00	2.90
AVG PCT REDUCTION	21.7	14.2	15.9	18.9
MEAN CUSTOMARY CHARGE	10.00	12.00	15.72	11.56
STD. DEVIATION OF CUSTOMARY	.000	.000	.454	2.258

MINIMUM CUSTOMARY CHARGE : \$9.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : \$11.46 MEAN BILLED AMOUNT : \$13.10

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 50240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS				
		\$7.00-8.00	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	5	7	4	2		18
	27.7	38.8	22.2	11.1		100.0
	27.7	66.6	38.8	99.9		100.0
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	180	419	120	474		1,193
	15.0	35.1	10.0	39.7		100.0
	15.0	50.2	60.2	99.9		100.0
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	1,007.97	2,664.40	860.92	3,792.00		8,325.20
	12.1	32.0	10.3	45.5		100.0
	12.1	44.1	54.4	99.9		100.0
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.22	1.19	1.26	1.67		1.42
	1.22	1.19	1.26	1.67		1.42
	0.85	0.94	1.13	1.67		1.24
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	55.3	100.0	100.0		84.3
	288.15	648.19	282.50	3,182.56		4,401.40
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.60	1.54	2.35	6.71		3.68
	18.6	16.2	20.7	40.1		29.7
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.60	2.79	2.35	6.71		4.37
	18.6	26.1	20.7	40.1		33.0
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED	21.6	55.3	57.5	68.5		55.9
	21.6	56.0	57.7	68.5		57.7
	19.4	14.0	24.1	17.2		17.1
PCT OF EXPEND. MAND. ASSIGNED ASSIGNED CLAIMS PCT MAND. ASSIGNED	19.4	14.0	24.2	17.2		17.2
	89.7	25.2	42.0	25.2		30.7
	89.7	25.0	42.0	25.2		29.8
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	6.95	7.94	8.96	10.00		8.72
	.032	.182	.170	.000		1.158

MINIMUM CUSTOMARY CHARGE : \$6.84  
 MEAN REASONABLE AMOUNT : \$8.72  
 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN BILLED AMOUNT : \$12.41

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS			GT \$10.00		ALL MD'S
		\$7.00-8.00	\$8.00-9.00	\$9.00-10.00			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	4	6	4	1			15
	26.6	40.0	26.6	6.6			100.0
	26.6	66.6	93.3	99.9			100.0
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	141	185	51	149			526
	26.8	35.1	9.6	28.3			100.0
	26.8	61.9	71.6	99.9			100.0
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	789.47	1,170.00	364.12	1,192.00			3,515.60
	22.4	33.2	10.3	33.9			100.0
	22.4	55.7	66.0	99.9			100.0
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.20	1.28	1.26	1.50			1.33
	1.20	1.28	1.26	1.50			1.33
	0.84	1.01	1.12	1.50			1.11
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	70.2	100.0	100.0			89.5
	199.66	419.42	118.84	745.00			1,482.92
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.41	2.26	2.33	5.00			2.81
	16.8	22.2	20.7	33.3			25.2
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.41	3.22	2.33	5.00			3.14
	16.8	29.0	20.7	33.3			27.2
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	6.99	7.90	8.92	10.00			8.35
	.110	.210	.281	.000			1.179

MINIMUM CUSTOMARY CHARGE : \$6.84 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$8.35 MEAN BILLED AMOUNT : \$11.17

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$7.00	MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS				GT \$10.00	ALL MD'S
		\$7.00-8.00	\$8.00-9.00	\$9.00-10.00			
NUMBER OF PHYSICIANS	3	7	3	2		15	
PCT OF PHYSICIANS	20.0	46.6	20.0	13.3		100.0	
CUM DISTRN OF PHYSICIANS	20.0	66.6	86.6	99.9		100.0	
NUMBER OF SERVICES	39	234	69	325		667	
PCT OF SERVICES	5.8	35.0	10.3	48.7		100.0	
CUM DISTRN OF SERVICES	5.8	40.9	51.2	99.9		100.0	
EXPENDITURES	218.40	1,494.40	496.80	2,600.00		4,809.60	
PCT OF EXPENDITURES	4.5	31.0	10.3	54.0		100.0	
CUM DISTRN OF EXPENDITURES	4.5	35.6	45.9	99.9		100.0	
BILLED/REASONABLE	1.32	1.12	1.26	1.75		1.48	
BILLED/CUSTOMARY	1.32	1.12	1.26	1.75		1.48	
BILLED/PREVAILING	0.92	0.89	1.13	1.75		1.33	
REDUCED CHARGES							
PCT OF SERVICES	100.0	43.5	100.0	100.0		80.2	
AMOUNT REDUCED	80.50	229.08	163.80	2,439.85		2,921.23	
ALL CLAIMS							
AVG AMT REDUCED	2.26	0.97	2.37	7.50		4.37	
AVG PCT REDUCTION	24.4	10.9	20.8	42.8		32.7	
REDUCED CLAIMS							
AVG AMT REDUCED	2.26	2.24	2.37	7.50		5.46	
AVG PCT REDUCTION	24.4	22.0	20.8	42.8		37.0	
MEAN CUSTOMARY CHARGE	7.00	7.98	9.00	10.00		9.01	
STD. DEVIATION OF CUSTOMARY	.000	.148	.000	.000		1.046	

MINIMUM CUSTOMARY CHARGE : \$6.84  
 MEAN REASONABLE AMOUNT : \$9.01  
 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN BILLED AMOUNT : \$13.39

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00				
		CUSTOMARY CHARGE INTERVALS				
		\$7.00-8.00	\$8.00-9.00	\$9.00-10.00	GT \$10.00	ALL MD'S
LE \$7.00						
NUMBER OF PHYSICIANS	3	4	2	2		11
PCT OF PHYSICIANS	27.2	36.3	18.1	18.1		100.0
CUM DISTRN OF PHYSICIANS	27.2	63.6	81.8	99.9		100.0
NUMBER OF SERVICES	35	59	29	82		205
PCT OF SERVICES	17.0	28.7	14.1	40.0		100.0
CUM DISTRN OF SERVICES	17.0	45.8	59.9	99.9		100.0
EXPENDITURES	196.00	374.40	208.80	656.00		1,435.20
PCT OF EXPENDITURES	13.6	26.0	14.5	45.7		100.0
CUM DISTRN OF EXPENDITURES	13.6	39.7	54.2	99.9		100.0
BILLED/REASONABLE	1.33	1.08	1.27	1.81		1.47
BILLED/CUSTOMARY	1.33	1.08	1.27	1.81		1.47
BILLED/PREVAILING	0.93	0.86	1.14	1.81		1.29
REDUCED CHARGES						
PCT OF SERVICES	100.0	32.2	100.0	100.0		80.4
AMOUNT REDUCED	81.00	42.00	71.92	665.00		859.92
ALL CLAIMS						
AVG AMT REDUCED	2.31	0.71	2.48	8.10		4.19
AVG PCT REDUCTION	24.8	8.2	21.6	44.7		32.4
REDUCED CLAIMS						
AVG AMT REDUCED	2.31	2.21	2.48	8.10		5.21
AVG PCT REDUCTION	24.8	22.1	21.6	44.7		36.8
MEAN CUSTOMARY CHARGE	7.00	7.93	9.00	10.00		8.75
STD. DEVIATION OF CUSTOMARY	.000	.179	.000	.000		1.167

MINIMUM CUSTOMARY CHARGE : \$6.84 MAXIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$8.75 MEAN BILLED AMOUNT : \$12.94

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

		MEAN PREVAILING CHARGE : \$15.00 CUSTOMARY CHARGE INTERVALS					
LE \$10.00		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00	GT \$15.00	ALL MD'S	
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	8	2	1	2	3	16	
	50.0	12.5	6.2	12.5	18.7	100.0	
	50.0	62.5	68.7	81.2	100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	377	58	13	48	36	532	
	70.8	10.9	2.4	9.0	6.7	100.0	
	70.8	81.7	84.2	93.2	100.0	100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	3,016.00	476.80	124.80	520.80	432.00	4,570.40	
	65.9	10.4	2.7	11.3	9.4	100.0	
	65.9	76.4	79.1	90.5	100.0	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.15	1.04	1.19	1.00	1.22	1.13	
	1.15	1.00	1.19	0.90	1.14	1.11	
	0.77	0.71	0.95	0.90	1.22	0.81	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	29.7	17.2	76.9	0.0	100.0	31.5	
	597.78	24.00	29.90	0.00	122.00	773.68	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.58	0.41	2.30	0.00	3.38	1.45	
	13.6	3.8	16.0	0.0	18.4	11.9	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	5.33	2.40	2.99	39.5	3.38	4.60	
	36.3	17.1	20.9	38.2	18.4	29.8	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED	72.6	10.3	23.0	39.5	30.5	58.8	
	72.6	11.6	23.0	38.2	30.5	57.0	
	15.6	10.3	0.0	4.1	22.2	14.0	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED	15.6	11.6	0.0	4.6	22.2	14.1	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	21.5	100.0	0.0	10.5	72.7	23.9	
	21.5	100.0	0.0	12.0	72.7	24.8	
	10.00	11.60	12.00	15.00	16.00	10.97	
MINIMUM CUSTOMARY CHARGE : \$10.00 MEAN REASONABLE AMOUNT : \$10.73	.000	.473	.000	.000	.000	1.977	

MINIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$10.73  
 MEAN BILLED AMOUNT : \$12.19

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00 CUSTOMARY CHARGE INTERVALS					
						GT \$15.00	ALL MD'S
		LE \$10.00	\$10.00-11.65	\$11.65-13.30	\$13.30-15.00		
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	5		2	1	2	3	13
	38.4	15.3	7.6	15.3	76.9	23.0	100.0
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	103	52	10	29	25	11.4	219
	47.0	23.7	4.5	13.2	11.4	100.0	100.0
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	824.00	421.12	96.00	321.60	300.00	15.2	1,962.72
	41.9	21.4	4.8	16.3	15.2	100.0	100.0
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.27	1.01	1.25	1.00	1.23	1.16	1.16
	1.27	0.98	1.25	0.92	1.16	1.13	1.13
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	0.35	0.68	1.00	0.92	1.23	0.87	0.87
	57.2	7.6	100.0	0.0	100.0	44.7	44.7
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	286.14	9.60	30.00	0.00	89.00	414.74	414.74
	2.77	0.18	3.00	0.00	3.56	1.89	1.89
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	21.7	1.7	20.0	0.0	19.1	14.4	14.4
	4.84	2.40	3.00	3.56	3.56	4.23	4.23
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	35.2	17.1	20.0	19.1	19.1	27.9	27.9
	10.00	10.49	12.00	15.00	16.00	11.55	11.55
	.000	.329	.000	.000	.000	2.296	2.296
MINIMUM CUSTOMARY CHARGE : \$10.00		MAXIMUM CUSTOMARY CHARGE : \$16.00					
MEAN REASONABLE AMOUNT : \$11.20		MEAN BILLED AMOUNT : \$13.09					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS

		MEAN PREVAILING CHARGE : \$15.00 CUSTOMARY CHARGE INTERVALS				GT \$15.00	ALL MD'S
LE \$10.00		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00			
NUMBER OF PHYSICIANS	8	1	1	2	2	14	
PCT OF PHYSICIANS	57.1	7.1	7.1	14.2	14.2	100.0	
CUM DISTRN OF PHYSICIANS	57.1	64.2	71.4	85.7	100.0	100.0	
NUMBER OF SERVICES	274	6	3	19	11	313	
PCT OF SERVICES	87.5	1.9	0.9	6.0	3.5	100.0	
CUM DISTRN OF SERVICES	87.5	89.4	90.3	96.4	100.0	100.0	
EXPENDITURES	2,192.00	55.68	28.80	199.20	132.00	2,607.68	
PCT OF EXPENDITURES	84.0	2.1	1.1	7.6	5.0	100.0	
CUM DISTRN OF EXPENDITURES	84.0	86.1	87.2	94.9	100.0	100.0	
BILLED/REASONABLE	1.11	1.20	1.00	1.00	1.20	1.11	
BILLED/CUSTOMARY	1.11	1.20	1.00	0.87	1.12	1.09	
BILLED/PREVAILING	0.74	0.93	0.80	0.87	1.20	0.77	
REDUCED CHARGES							
PCT OF SERVICES	19.3	100.0	0.0	0.0	100.0	22.3	
AMOUNT REDUCED	311.97	14.40	0.00	0.00	33.00	359.37	
ALL CLAIMS							
AVG AMT REDUCED	1.13	2.40	0.00	0.00	3.00	1.14	
AVG PCT REDUCTION	10.2	17.1	0.0	0.0	16.6	9.9	
REDUCED CLAIMS							
AVG AMT REDUCED	5.88	2.40			3.00	5.13	
AVG PCT REDUCTION	37.2	17.1			16.6	32.0	
MEAN CUSTOMARY CHARGE	10.00	11.60	12.00	15.00	16.00	10.56	
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000	.000	1.599	
MINIMUM CUSTOMARY CHARGE : \$10.00		MAXIMUM CUSTOMARY CHARGE : \$16.00					
MEAN REASONABLE AMOUNT : \$10.41		MEAN BILLED AMOUNT : \$11.56					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00 CUSTOMARY CHARGE INTERVALS			
		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00	GT \$15.00
LE \$10.00					ALL MD'S
NUMBER OF PHYSICIANS	4	1		1	7
PCT OF PHYSICIANS	57.1	14.2		14.2	100.0
CUM DISTRN OF PHYSICIANS	57.1	71.4		85.7	100.0
NUMBER OF SERVICES	59	6		2	75
PCT OF SERVICES	78.6	8.0		2.6	100.0
CUM DISTRN OF SERVICES	78.6	86.6		89.3	100.0
EXPENDITURES	472.00	55.68		24.00	647.68
PCT OF EXPENDITURES	72.8	8.5		3.7	100.0
CUM DISTRN OF EXPENDITURES	72.8	81.4		85.1	100.0
BILLED/REASONABLE	1.09	1.20		1.00	1.08
BILLED/CUSTOMARY	1.09	1.20		1.00	1.07
BILLED/PREVAILING	0.73	0.93		1.00	0.78
REDUCED CHARGES					
PCT OF SERVICES	25.4	100.0		0.0	28.0
AMOUNT REDUCED	57.00	14.40		0.00	71.40
ALL CLAIMS					
AVG AMT REDUCED	0.96	2.40		0.00	0.95
AVG PCT REDUCTION	8.8	17.1		0.0	8.1
REDUCED CLAIMS					
AVG AMT REDUCED	3.80	2.40		0.00	3.40
AVG PCT REDUCTION	27.5	17.1		0.0	24.5
MEAN CUSTOMARY CHARGE	10.00	11.60		15.00	10.90
STD. DEVIATION OF CUSTOMARY	.000	.000		.000	1.976

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$16.00  
 MEAN REASONABLE AMOUNT : \$10.79 MEAN BILLED AMOUNT : \$11.74

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

	LE \$15.00	MEAN PREVAILING CHARGE : \$21.00 CUSTOMARY CHARGE INTERVALS \$18.00-21.00	GT \$24.00	ALL MD'S
NUMBER OF PHYSICIANS	4	11	2	23
PCT OF PHYSICIANS	17.3	47.8	8.6	100.0
CUM DISTRN OF PHYSICIANS	17.3	91.2	99.9	100.0
NUMBER OF SERVICES	19	63	10	107
PCT OF SERVICES	17.7	58.8	9.3	100.0
CUM DISTRN OF SERVICES	17.7	90.6	99.9	100.0
EXPENDITURES	224.00	1,017.12	168.00	1,617.28
PCT OF EXPENDITURES	13.8	62.8	10.3	100.0
CUM DISTRN OF EXPENDITURES	13.8	89.6	99.9	100.0
BILLED/REASONABLE	1.00	1.16	1.41	1.18
BILLED/CUSTOMARY	0.99	1.16	1.23	1.16
BILLED/PREVAILING	0.70	1.12	1.41	1.06
REDUCED CHARGES				
PCT OF SERVICES	5.2	79.3	100.0	71.0
AMOUNT REDUCED	2.50	212.60	87.00	364.40
ALL CLAIMS				
AVG AMT REDUCED	0.13	3.37	8.70	3.40
AVG PCT REDUCTION	0.8	14.3	29.2	15.2
REDUCED CLAIMS				
AVG AMT REDUCED	2.50	4.25	8.70	4.79
AVG PCT REDUCTION	14.2	17.4	29.2	19.6
PCT OF SERVICES ASSIGNED	36.8	61.9	80.0	54.2
PCT OF EXPENDITURES ASSIGNED	37.5	62.1	80.0	55.9
PCT OF SERVICES MAND. ASSIGNED	26.3	17.4	50.0	21.4
PCT OF EXPEND. MAND. ASSIGNED	26.7	17.3	50.0	21.5
ASSIGNED CLAIMS				
PCT MAND. ASSIGNED	71.4	28.2	62.5	39.6
PCT EXPEND. MAND. ASSIGNED	71.4	27.8	62.5	38.5
MEAN CUSTOMARY CHARGE	15.00	20.18	24.00	19.22
STD. DEVIATION OF CUSTOMARY	.000	.427	.000	2.560
MINIMUM CUSTOMARY CHARGE : \$15.00				
MEAN REASONABLE AMOUNT : \$18.89				
MAXIMUM CUSTOMARY CHARGE : \$24.00				
MEAN BILLED AMOUNT : \$22.29				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00						ALL MD'S
CUSTOMARY CHARGE INTERVALS						
	LE \$15.00	\$15.00-18.00	\$18.00-21.00	\$21.00-24.00	GT \$24.00	
NUMBER OF PHYSICIANS	4	4	8	2		18
PCT OF PHYSICIANS	22.2	22.2	44.4	11.1		100.0
CUM DISTRN OF PHYSICIANS	22.2	44.4	88.8	99.9		100.0
NUMBER OF SERVICES	12	11	24	2		49
PCT OF SERVICES	24.4	22.4	48.9	4.0		100.0
CUM DISTRN OF SERVICES	24.4	46.9	95.8	99.9		100.0
EXPENDITURES	140.00	154.80	384.80	33.60		713.20
PCT OF EXPENDITURES	19.6	21.7	53.9	4.7		100.0
CUM DISTRN OF EXPENDITURES	19.6	41.3	95.2	99.9		100.0
BILLED/REASONABLE	1.01	1.24	1.15	1.35		1.15
BILLED/CUSTOMARY	0.98	1.24	1.15	1.18		1.14
BILLED/PREVAILING	0.70	1.04	1.09	1.35		1.00
REDUCED CHARGES						
PCT OF SERVICES	8.3	100.0	66.6	100.0		61.2
AMOUNT REDUCED	2.50	47.00	73.00	15.00		137.50
ALL CLAIMS						
AVG AMT REDUCED	0.20	4.27	3.04	7.50		2.80
AVG PCT REDUCTION	1.4	19.5	13.1	26.3		13.3
REDUCED CLAIMS						
AVG AMT REDUCED	2.50	4.27	4.56	7.50		4.58
AVG PCT REDUCTION	14.2	19.5	18.5	26.3		19.4
MEAN CUSTOMARY CHARGE	15.00	17.59	20.04	24.00		18.41
STD. DEVIATION OF CUSTOMARY	.000	.691	.257	.000		2.390
MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00						
MEAN REASONABLE AMOUNT : \$18.19 MEAN BILLED AMOUNT : \$21.00						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$21.00		CUSTOMARY CHARGE INTERVALS		GT \$24.00		ALL MD'S	
LE \$15.00		\$15.00-18.00		\$18.00-21.00		\$21.00-24.00			
NUMBER OF PHYSICIANS	3	3	10	1				17	
PCT OF PHYSICIANS	17.6	17.6	58.8	5.8				100.0	
CUM DISTRN OF PHYSICIANS	17.6	35.2	94.1	99.9				100.0	
NUMBER OF SERVICES	7	4	39	8				58	
PCT OF SERVICES	12.0	6.8	67.2	13.7				100.0	
CUM DISTRN OF SERVICES	12.0	18.9	86.1	99.9				100.0	
EXPENDITURES	84.00	53.36	632.32	134.40				504.08	
PCT OF EXPENDITURES	9.2	5.9	69.9	14.8				100.0	
CUM DISTRN OF EXPENDITURES	9.2	15.1	85.1	99.9				100.0	
BILLED/REASONABLE	1.00	1.22	1.17	1.42				1.20	
BILLED/CUSTOMARY	1.00	1.22	1.17	1.25				1.17	
BILLED/PREVAILING	0.71	0.97	1.13	1.42				1.11	
REDUCED CHARGES									
PCT OF SERVICES	0.0	100.0	87.1	100.0				79.3	
AMOUNT REDUCED	0.00	15.30	139.60	72.00				226.90	
ALL CLAIMS									
AVG AMT REDUCED	0.00	3.82	3.57	9.00				3.91	
AVG PCT REDUCTION	0.0	18.6	15.0	30.0				16.7	
REDUCED CLAIMS									
AVG AMT REDUCED		3.82	4.10	9.00				4.93	
AVG PCT REDUCTION		18.6	16.8	30.0				19.6	
MEAN CUSTOMARY CHARGE	15.00	16.07	20.26	24.00				19.89	
STD. DEVIATION OF CUSTOMARY	.000	1.089	.465	.000				2.499	

MINIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$19.48  
 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN BILLED AMOUNT : \$23.39

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS \$15.00-18.00 \$18.00-21.00 \$21.00-24.00 GT \$24.00 ALL MD'S

NUMBER OF PHYSICIANS	2	2	6	1	11
PCT OF PHYSICIANS	18.1	18.1	54.5	9.0	100.0
CUM DISTN OF PHYSICIANS	18.1	36.3	90.9	99.9	100.0
NUMBER OF SERVICES	5	2	11	5	23
PCT OF SERVICES	21.7	8.6	47.8	21.7	100.0
CUM DISTN OF SERVICES	21.7	30.4	78.2	99.9	100.0
EXPENDITURES	60.00	28.80	176.00	84.00	348.80
PCT OF EXPENDITURES	17.2	8.2	50.4	24.0	100.0
CUM DISTN OF EXPENDITURES	17.2	25.4	75.9	99.9	100.0
BILLED/REASONABLE	1.00	1.05	1.15	1.42	1.18
BILLED/CUSTOMARY	1.00	1.05	1.15	1.25	1.14
BILLED/PREVALING	0.71	0.90	1.09	1.42	1.07
REDUCED CHARGES					
PCT OF SERVICES	0.0	50.0	72.7	100.0	60.8
AMOUNT REDUCED	0.00	2.00	34.00	45.00	81.00
ALL CLAIMS					
AVG AMT REDUCED	0.00	1.00	3.09	9.00	3.52
AVG PCT REDUCTION	0.0	5.2	13.3	30.0	15.6
REDUCED CLAIMS					
AVG AMT REDUCED		2.00	4.25	9.00	5.78
AVG PCT REDUCTION		10.0	17.5	30.0	22.2
MEAN CUSTOMARY CHARGE	15.00	18.00	20.00	24.00	19.60
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000	3.022

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : \$18.95 MEAN BILLED AMOUNT : \$22.47

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL PRACTITIONER YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS

		MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS			GT \$22.50		ALL MD'S	
LE	\$15.00	\$15.00-17.50	\$17.50-20.00	\$20.00-22.50				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS	2	1	1	1			5	
	40.0	20.0	20.0	20.0			100.0	
	40.0	60.0	80.0	100.0			100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES	3	2	1	2			8	
	37.5	25.0	12.5	25.0			100.0	
	37.5	62.5	75.0	100.0			100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES	36.00	25.44	14.80	32.00			108.24	
	33.2	23.5	13.6	29.5			100.0	
	33.2	56.7	70.4	99.9			100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.50	1.00	1.00	1.50			1.31	
	1.50	1.00	0.98	1.35			1.27	
	1.12	0.79	0.92	1.50			1.11	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	0.0	0.0	100.0			62.5	
	22.50	0.00	0.00	20.00			42.50	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	7.50	0.00	0.00	10.00			5.31	
	33.3	0.0	0.0	33.3			23.9	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	7.50	0.00	0.00	10.00			8.50	
	33.3	0.0	0.0	33.3			33.3	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED	66.6	0.0	0.0	50.0			37.5	
	66.6	0.0	0.0	50.0			36.9	
	0.0	50.0	0.0	0.0			12.5	
PCT OF EXPEND. MAND. ASSIGNED	0.0	50.0	0.0	0.0			11.7	
	0.0	50.0	0.0	0.0				
ASSIGNED CLAIMS PCT MAND. ASSIGNED	0.0	0.0	0.0	0.0			33.3	
	0.0	0.0	0.0	0.0			31.8	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	15.00	15.90	18.75	22.07			17.46	
	.000	.000	.000	.000			2.899	

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.07  
 MEAN REASONABLE AMOUNT : \$16.91 MEAN BILLED AMOUNT : \$22.22

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS

		MEAN PREVAILING CHARGE : \$20.00		CUSTOMARY CHARGE INTERVALS \$17.50-20.00		GT \$22.50		ALL MD'S	
LE \$15.00		\$15.00-17.50		\$17.50-20.00		\$20.00-22.50			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	1	1	1	1	1	1	4	
	25.0	25.0	25.0	25.0	25.0	25.0	25.0	100.0	
	25.0	50.0	75.0	75.0	100.0	100.0	100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	1	2	1	1	1	1	1	5	
	20.0	40.0	20.0	20.0	20.0	20.0	20.0	100.0	
	20.0	60.0	80.0	80.0	100.0	100.0	100.0	100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	12.00	25.44	14.80	14.80	16.00	16.00	16.00	68.24	
	17.5	37.2	21.6	21.6	23.4	23.4	23.4	100.0	
	17.5	54.8	76.5	76.5	99.9	99.9	99.9	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVALING	1.16	1.00	1.00	1.00	1.50	1.50	1.50	1.14	
	1.16	1.00	0.98	0.98	1.35	1.35	1.35	1.11	
	0.87	0.79	0.92	0.92	1.50	1.50	1.50	0.97	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	0.0	0.0	0.0	100.0	100.0	100.0	40.0	
	2.50	0.00	0.00	0.00	10.00	10.00	10.00	12.50	
	2.50	0.00	0.00	0.00	10.00	10.00	10.00	2.50	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	14.2	0.0	0.0	0.0	33.3	33.3	33.3	12.7	
	2.50	0.00	0.00	0.00	10.00	10.00	10.00	6.25	
	14.2	0.00	0.00	0.00	33.3	33.3	33.3	26.3	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	15.00	15.90	18.75	18.75	22.07	22.07	22.07	17.52	
	.000	.000	.000	.000	.000	.000	.000	2.600	
	.000	.000	.000	.000	.000	.000	.000	2.600	
MEAN CUSTOMARY CHARGE : \$15.00		MAXIMUM CUSTOMARY CHARGE : \$22.07		MINIMUM CUSTOMARY CHARGE : \$17.06		MEAN BILLED AMOUNT : \$19.56			
MEAN REASONABLE AMOUNT : \$17.06		MEAN CUSTOMARY CHARGE : \$22.07		MINIMUM CUSTOMARY CHARGE : \$17.06		MEAN BILLED AMOUNT : \$19.56			

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : NON-ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS				GT \$22.50	ALL MD'S
LE \$15.00	\$15.00-17.50	\$17.50-20.00	\$20.00-22.50		
NUMBER OF PHYSICIANS					
PCT OF PHYSICIANS	1		1		2
CUM DISTR OF PHYSICIANS	50.0		50.0		100.0
	50.0		100.0		100.0
NUMBER OF SERVICES	2		1		3
PCT OF SERVICES	66.6		33.3		100.0
CUM DISTR OF SERVICES	66.6		99.9		100.0
EXPENDITURES	24.00		16.00		40.00
PCT OF EXPENDITURES	60.0		40.0		100.0
CUM DISTR OF EXPENDITURES	60.0		100.0		100.0
BILLED/REASONABLE	1.66		1.50		1.60
BILLED/CUSTOMARY	1.66		1.35		1.53
BILLED/PREVALING	1.25		1.50		1.33
REDUCED CHARGES					
PCT OF SERVICES	100.0		100.0		100.0
AMOUNT REDUCED	20.00		10.00		30.00
ALL CLAIMS					
AVG AMT REDUCED	10.00		10.00		10.00
AVG PCT REDUCTION	40.0		33.3		37.5
REDUCED CLAIMS					
AVG AMT REDUCED	10.00		10.00		10.00
AVG PCT REDUCTION	40.0		33.3		37.5
MEAN CUSTOMARY CHARGE	15.00		22.07		17.35
STD. DEVIATION OF CUSTOMARY	.000		.000		3.336

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.07  
 MEAN REASONABLE AMOUNT : \$16.66 MEAN BILLED AMOUNT : \$26.66

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

LE \$15.00 MEAN PREVAILING CHARGE : \$20.00  
 CUSTOMARY CHARGE INTERVALS \$17.50-20.00 \$20.00-22.50 GT \$22.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

1  
 100.0  
 100.0

1  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

1  
 100.0  
 100.0

1  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

12.72  
 100.0  
 100.0

12.72  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.00  
 1.00  
 0.79

1.00  
 1.00  
 0.79

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

0.0  
 0.00

0.0  
 0.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

0.00  
 0.0

0.00  
 0.0

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

15.90  
 .000

15.90  
 .000

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.07  
 MEAN REASONABLE AMOUNT : \$15.90 MEAN BILLED AMOUNT : \$15.90

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLLECTMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$640.00 CUSTOMARY CHARGE INTERVALS		\$675.		ALL MD'S	
		\$570.-605.		\$640.-675.			
		LE \$570.		GT \$675.			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	4	2	1	2	1	10	
	40.0	20.0	10.0	20.0	10.0	100.0	
	40.0	60.0	70.0	90.0	100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	5	2	1	3	2	13	
	38.4	15.3	7.6	23.0	15.3	100.0	
	38.4	53.8	61.5	84.6	100.0	100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	2,232.40	951.20	504.00	1,536.00	1,024.00	6,247.60	
	35.7	15.2	8.0	24.5	16.3	100.0	
	35.7	50.9	59.0	83.5	100.0	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.18	1.16	1.16	1.08	1.25	1.16	
	1.18	1.16	1.16	1.07	1.00	1.11	
	1.03	1.08	1.14	1.08	1.25	1.09	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	100.0	100.0	100.0	100.0	100.0	
	505.50	196.00	105.00	168.00	320.00	1,294.50	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	101.10	98.00	105.00	56.00	160.00	99.57	
	15.3	14.1	14.2	8.0	20.0	14.2	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	101.10	98.00	105.00	56.00	160.00	99.57	
	15.3	14.1	14.2	8.0	20.0	14.2	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED	80.0	100.0	100.0	66.6	100.0	84.6	
	80.0	100.0	100.0	66.6	100.0	84.6	
	0.0	50.0	0.0	0.0	0.0	7.6	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED	0.0	50.0	0.0	0.0	0.0	9.0	
	0.0	49.9	0.0	0.0	0.0	8.9	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	558.10	554.50	630.00	649.33	800.00	627.50	
	9.404	.500	.000	1.149	.000	82.113	

MINIMUM CUSTOMARY CHARGE : \$540.00  
 MEAN REASONABLE AMOUNT : \$600.73  
 MAXIMUM CUSTOMARY CHARGE : \$800.00  
 MEAN BILLED AMOUNT : \$700.30

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLLECTMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLECTOMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$640.00		CUSTOMARY CHARGE INTERVALS		GT \$675.		ALL MD'S	
LE \$570.		\$570.-605.		\$605.-640.		\$640.-675.			
NUMBER OF PHYSICIANS	1							2	
PCT OF PHYSICIANS	50.0			50.0				100.0	
CUM DISTR OF PHYSICIANS	50.0			100.0				100.0	
NUMBER OF SERVICES	1							2	
PCT OF SERVICES	50.0			50.0				100.0	
CUM DISTR OF SERVICES	50.0			100.0				100.0	
EXPENDITURES	446.40			512.00				558.40	
PCT OF EXPENDITURES	46.5			53.4				100.0	
CUM DISTR OF EXPENDITURES	46.5			99.9				100.0	
BILLED/REASONABLE	1.16			1.01				1.08	
BILLED/CUSTOMARY	1.16			1.00				1.07	
BILLED/PREVAILING	1.01			1.01				1.01	
REDUCED CHARGES									
PCT OF SERVICES	100.0			100.0				100.0	
AMOUNT REDUCED	92.00			8.00				100.00	
ALL CLAIMS									
AVG AMT REDUCED	92.00			8.00				50.00	
AVG PCT REDUCTION	14.1			1.2				7.7	
REDUCED CLAIMS									
AVG AMT REDUCED	92.00			8.00				50.00	
AVG PCT REDUCTION	14.1			1.2				7.7	
MEAN CUSTOMARY CHARGE	558.00			648.00				603.00	
STD. DEVIATION OF CUSTOMARY	.000			.000				45.000	

MINIMUM CUSTOMARY CHARGE : \$540.00 MAXIMUM CUSTOMARY CHARGE : \$800.00  
 MEAN REASONABLE AMOUNT : \$599.00 MEAN BILLED AMOUNT : \$649.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLECTOMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLLECTIMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$640.00 CUSTOMARY CHARGE INTERVALS \$570.-605. \$640.-675.		GT \$675.		ALL MD'S	
LE \$570.							
NUMBER OF PHYSICIANS	3	2	1	1	1	8	
PCT OF PHYSICIANS	37.5	25.0	12.5	12.5	12.5	100.0	
CUM DISTRN OF PHYSICIANS	37.5	62.5	75.0	87.5	100.0	100.0	
NUMBER OF SERVICES	4	2	1	2	2	11	
PCT OF SERVICES	36.3	18.1	9.0	18.1	18.1	100.0	
CUM DISTRN OF SERVICES	36.3	54.5	63.6	81.8	100.0	100.0	
EXPENDITURES	1,786.00	951.20	504.00	1,024.00	1,024.00	5,289.20	
PCT OF EXPENDITURES	33.7	17.9	9.5	19.3	19.3	100.0	
CUM DISTRN OF EXPENDITURES	33.7	51.7	61.2	80.6	100.0	100.0	
BILLED/REASONABLE	1.18	1.16	1.16	1.12	1.25	1.18	
BILLED/CUSTOMARY	1.18	1.16	1.16	1.10	1.00	1.12	
BILLED/PREVALING	1.03	1.08	1.14	1.12	1.25	1.10	
REDUCED CHARGES							
PCT OF SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	
AMOUNT REDUCED	413.50	196.00	105.00	160.00	320.00	1,194.50	
ALL CLAIMS							
AVG AMT REDUCED	103.37	98.00	105.00	80.00	160.00	108.59	
AVG PCT REDUCTION	15.6	14.1	14.2	11.1	20.0	15.3	
REDUCED CLAIMS							
AVG AMT REDUCED	103.37	98.00	105.00	80.00	160.00	106.59	
AVG PCT REDUCTION	15.6	14.1	14.2	11.1	20.0	15.3	
MEAN CUSTOMARY CHARGE	558.12	594.50	630.00	650.00	800.00	631.95	
STD. DEVIATION OF CUSTOMARY	10.514	.500	.000	.000	.000	86.441	
MINIMUM CUSTOMARY CHARGE : \$540.00		MAXIMUM CUSTOMARY CHARGE : \$800.00					
MEAN REASONABLE AMOUNT : \$601.04		MEAN BILLED AMOUNT : \$709.63					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLLECTIMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLECTMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

LE \$570. MEAN PREVAILING CHARGE : \$640.00  
 CUSTOMARY CHARGE INTERVALS \$570.-605. \$605.-640. \$640.-675. GT \$675. ALL MD'S

NUMBER OF PHYSICIANS	1	1	100.0	100.0	100.0	100.0
PCT OF PHYSICIANS						
CUM DISTRN OF PHYSICIANS						
NUMBER OF SERVICES	1	1	100.0	100.0	100.0	100.0
PCT OF SERVICES						
CUM DISTRN OF SERVICES						
EXPENDITURES	475.20	475.20	100.0	100.0	100.0	100.0
PCT OF EXPENDITURES						
CUM DISTRN OF EXPENDITURES						
BILLED/REASONABLE	1.21	1.21	1.21	1.21	1.21	1.21
BILLED/CUSTOMARY	1.21	1.21	1.21	1.21	1.21	1.21
BILLED/PREVAILING	1.12	1.12	1.12	1.12	1.12	1.12
REDUCED CHARGES						
PCT OF SERVICES	100.0	100.0	100.0	100.0	100.0	100.0
AMOUNT REDUCED	126.00	126.00	126.00	126.00	126.00	126.00
ALL CLAIMS						
AVG AMT REDUCED	126.00	126.00	126.00	126.00	126.00	126.00
AVG PCT REDUCTION	17.5	17.5	17.5	17.5	17.5	17.5
REDUCED CLAIMS						
AVG AMT REDUCED	126.00	126.00	126.00	126.00	126.00	126.00
AVG PCT REDUCTION	17.5	17.5	17.5	17.5	17.5	17.5
MEAN CUSTOMARY CHARGE	594.00	594.00	594.00	594.00	594.00	594.00
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000	.000	.000

MINIMUM CUSTOMARY CHARGE : \$540.00  
 MEAN REASONABLE AMOUNT : \$594.00  
 MAXIMUM CUSTOMARY CHARGE : \$800.00  
 MEAN BILLED AMOUNT : \$720.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 44140 : COLECTMY - PARTIAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS				
LE \$17.50		\$17.50-21.20	\$21.20-24.90	\$24.90-28.50	GT \$28.50	ALL MD'S
NUMBER OF PHYSICIANS	1	11	6	6		24
PCT OF PHYSICIANS	4.1	45.8	25.0	25.0		100.0
CUM DISTRN OF PHYSICIANS	4.1	49.9	74.9	99.9		100.0
NUMBER OF SERVICES	2	21	9	11		43
PCT OF SERVICES	4.6	48.8	20.9	25.5		100.0
CUM DISTRN OF SERVICES	4.6	53.4	74.4	99.9		100.0
EXPENDITURES	25.44	324.40	166.38	216.16		732.39
PCT OF EXPENDITURES	3.4	44.2	22.7	29.5		100.0
CUM DISTRN OF EXPENDITURES	3.4	47.7	70.4	99.9		100.0
BILLED/REASONABLE	1.06	1.26	1.23	1.27		1.25
BILLED/CUSTOMARY	1.06	1.26	1.23	1.24		1.24
BILLED/PREVAILING	0.67	0.97	1.13	1.25		1.06
REDUCED CHARGES						
PCT OF SERVICES	50.0	95.2	77.7	72.7		83.7
AMOUNT REDUCED	2.10	105.49	48.12	75.00		230.71
ALL CLAIMS						
AVG AMT REDUCED	1.05	5.02	5.34	6.81		5.36
AVG PCT REDUCTION	6.1	20.6	18.7	21.7		20.1
REDUCED CLAIMS						
AVG AMT REDUCED	2.10	5.27	6.87	9.37		6.40
AVG PCT REDUCTION	12.3	21.4	24.3	27.2		23.5
PCT OF SERVICES ASSIGNED	0.0	47.6	33.3	72.7		48.8
PCT OF EXPENDITURES ASSIGNED	0.0	47.2	33.8	72.2		49.9
PCT OF SERVICES MAND. ASSIGNED	0.0	4.7	0.0	9.0		4.6
PCT OF EXPEND. MAND. ASSIGNED	0.0	5.1	0.0	9.2		5.0
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED		10.0	0.0	12.5		9.5
PCT EXPEND. MAND. ASSIGNED		10.9	0.0	12.8		10.0
MEAN CUSTOMARY CHARGE	15.90	19.31	23.10	25.26		21.46
STD. DEVIATION OF CUSTOMARY	.000	1.025	1.072	.531		2.966

MINIMUM CUSTOMARY CHARGE : \$15.90 MAXIMUM CUSTOMARY CHARGE : \$26.60  
 MEAN REASONABLE AMOUNT : \$21.29 MEAN BILLED AMOUNT : \$26.65

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00				
		CUSTOMARY CHARGE INTERVALS				
		LE \$17.50	\$17.50-21.20	\$21.20-24.90	GT \$28.50	ALL MD'S
NUMBER OF PHYSICIANS	1		8	6	2	17
	5.8		47.0	35.2	11.7	100.0
	5.8		52.9	38.2	99.9	100.0
CUM DISTRN OF PHYSICIANS	2		11	6	3	22
	9.0		50.0	27.2	13.6	100.0
	9.0		59.0	86.3	99.9	100.0
EXPENDITURES	25.44		171.17	109.98	60.00	366.60
	6.9		46.6	30.0	16.3	100.0
	6.9		53.6	83.6	99.9	100.0
CUM DISTRN OF EXPENDITURES	1.06		1.25	1.29	1.53	1.30
	1.06		1.25	1.29	1.50	1.29
	0.67		0.97	1.18	1.53	1.08
BILLED/REASONABLE	50.0		90.9	83.3	100.0	86.3
	2.10		55.03	40.62	40.00	137.75
REDUCED CHARGES	1.05		5.00	6.77	13.33	6.26
	6.1		20.4	22.8	34.7	23.1
ALL CLAIMS	2.10		5.50	8.12	13.33	7.25
	12.3		22.1	25.9	34.7	25.6
REDUCED CLAIMS	15.90		19.45	22.91	25.41	20.88
	.000		.872	1.146	.319	2.823
MEAN CUSTOMARY CHARGE						
STD. DEVIATION OF CUSTOMARY						
		MINIMUM CUSTOMARY CHARGE : \$15.90				
		MEAN REASONABLE AMOUNT : \$20.82				
		MEAN BILLED AMOUNT : \$27.09				

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

LE \$17.50 MEAN PREVAILING CHARGE : \$25.00  
 CUSTOMARY CHARGE INTERVALS  
 \$17.50-21.20 \$21.20-24.90 \$24.90-28.50 GT \$28.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

7 3 5  
 46.6 20.0 33.3  
 46.6 66.6 99.9

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

10 3 8  
 47.6 14.2 38.0  
 47.6 61.8 99.9

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

153.23 56.40 156.16  
 41.8 15.4 42.6  
 41.8 57.3 99.9

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.26 1.10 1.17  
 1.26 1.10 1.14  
 0.96 1.04 1.15

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0 66.6 62.5  
 50.46 7.50 35.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

5.04 2.50 4.37  
 20.8 9.6 15.2

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

5.04 3.75 7.00  
 20.8 13.8 21.8

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

19.15 23.50 25.20  
 1.165 .707 .571

MINIMUM CUSTOMARY CHARGE : \$15.90 MAXIMUM CUSTOMARY CHARGE : \$26.66  
 MEAN REASONABLE AMOUNT : \$21.77 MEAN BILLED AMOUNT : \$26.20

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTOSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

5.46  
 20.3  
 22.08  
 2.994





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00		CUSTOMARY CHARGE INTERVALS		GT \$28.50		ALL MD'S	
		LE \$17.50	\$17.50-21.20	\$21.20-24.90	\$24.90-28.50				
NUMBER OF PHYSICIANS									
PCT OF PHYSICIANS	1				1			2	
CUM DISTRN OF PHYSICIANS	50.0				50.0			100.0	
	50.0				100.0			100.0	
NUMBER OF SERVICES									
PCT OF SERVICES	1				1			2	
CUM DISTRN OF SERVICES	50.0				50.0			100.0	
	50.0				100.0			100.0	
EXPENDITURES									
PCT OF EXPENDITURES	16.80				20.00			36.80	
CUM DISTRN OF EXPENDITURES	45.6				54.3			100.0	
	45.6				99.9			100.0	
BILLED/REASONABLE									
BILLED/CUSTOMARY	1.04				1.00			1.02	
BILLED/PREVAILING	1.04				1.00			1.02	
	0.88				1.00			0.94	
REDUCED CHARGES									
PCT OF SERVICES	100.0				0.0			50.0	
AMOUNT REDUCED	1.00				0.00			1.00	
ALL CLAIMS									
AVG AMT REDUCED	1.00				0.00			0.50	
AVG PCT REDUCTION	4.5				0.0			2.1	
REDUCED CLAIMS									
AVG AMT REDUCED	1.00				1.00			1.00	
AVG PCT REDUCTION	4.5				4.5			4.5	
MEAN CUSTOMARY CHARGE									
STD. DEVIATION OF CUSTOMARY	21.00				25.00			23.00	
	.000				.000			2.000	

MINIMUM CUSTOMARY CHARGE : \$15.90 MAXIMUM CUSTOMARY CHARGE : \$26.66  
 MEAN REASONABLE AMOUNT : \$23.00 MEAN BILLED AMOUNT : \$23.50

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMOIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIURRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : GENERAL SURGLON  
 CLAIMTYPE : ALL CLAIMS

	LE \$260.	\$260.-290.	\$290.-320.	\$320.-350.	GT \$350.	ALL MD'S
MEAN PREVAILING CHARGE : \$300.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	9	3	3	3	1	16
PCT OF PHYSICIANS	56.2	18.7	18.7	18.7	6.2	100.0
CUM DISTRN OF PHYSICIANS	56.2	75.0	93.7	93.7	100.0	100.0
NUMBER OF SERVICES	18	5	3	3	4	30
PCT OF SERVICES	60.0	16.6	10.0	10.0	13.3	100.0
CUM DISTRN OF SERVICES	60.0	76.6	86.6	86.6	100.0	100.0
EXPENDITURES	4,058.40	1,197.60	720.00	960.00	6,536.00	
PCT OF EXPENDITURES	58.5	17.2	10.3	13.8	100.0	100.0
CUM DISTRN OF EXPENDITURES	58.5	75.7	86.1	100.0	100.0	100.0
BILLED/REASONABLE	1.16	1.21	1.20	1.16	1.16	1.17
BILLED/CUSTOMARY	1.16	1.20	1.07	0.83	1.10	1.10
BILLED/PREVAILING	1.09	1.20	1.20	1.16	1.16	1.13
REDUCED CHARGES						
PCT OF SERVICES	100.0	100.0	100.0	100.0	100.0	100.0
AMOUNT REDUCED	837.00	316.00	188.00	200.00	1,541.00	
ALL CLAIMS						
AVG AMT REDUCED	46.50	63.20	62.66	50.00	51.36	
AVG PCT REDUCTION	14.1	17.4	17.2	14.2	15.0	
REDUCED CLAIMS						
AVG AMT REDUCED	46.50	63.20	62.66	50.00	51.36	
AVG PCT REDUCTION	14.1	17.4	17.2	14.2	15.0	
PCT OF SERVICES ASSIGNED	50.0	40.0	0.0	100.0	50.0	50.0
PCT OF EXPENDITURES ASSIGNED	49.7	40.0	0.0	100.0	49.8	
PCT OF SERVICES MAND. ASSIGNED	5.5	20.0	0.0	0.0	6.6	
PCT OF EXPEND. MAND. ASSIGNED	5.5	20.0	0.0	0.0	6.6	
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED	11.1	50.0	0.0	0.0	13.3	
PCT EXPEND. MAND. ASSIGNED	11.1	50.0	0.0	0.0	13.4	
MEAN CUSTOMARY CHARGE	281.83	301.80	338.58	420.00	309.25	
STD. DEVIATION OF CUSTOMARY	6.244	3.600	8.271	.000	47.055	

MINIMUM CUSTOMARY CHARGE : \$270.00 MAXIMUM CUSTOMARY CHARGE : \$420.00  
 MEAN REASONABLE AMOUNT : \$289.00 MEAN BILLED AMOUNT : \$340.36

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIURRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$300.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$260. \$260.-290. \$290.-320. \$320.-350. GT \$350. ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

10  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

15  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

3,478.40  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.18  
 1.15  
 1.14

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0  
 804.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

53.60  
 15.6

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

53.60  
 15.6

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

297.58  
 21.845

MINIMUM CUSTOMARY CHARGE : \$270.00 MAXIMUM CUSTOMARY CHARGE : \$420.00  
 MEAN REASONABLE AMOUNT : \$289.86 MEAN BILLED AMOUNT : \$343.46

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

LE \$260. MEAN PREVAILING CHARGE : \$300.00  
 CUSTOMARY CHARGE INTERVALS \$250.-320. GT \$350. ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

5 1  
 71.4 14.2  
 71.4 85.7

1 7  
 14.2 100.0  
 100.0 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

9 2  
 60.0 13.3  
 60.0 73.3

4 15  
 26.6 100.0  
 100.0 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

2,017.60 480.00  
 58.3 13.8  
 58.3 72.2

960.00 3,457.60  
 27.7 100.0  
 100.0 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.15 1.23  
 1.15 1.20  
 1.08 1.23

1.16 1.17  
 0.83 1.05  
 1.16 1.12

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0 100.0  
 397.00 140.00

100.0 100.0  
 200.00 737.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

44.11 70.00  
 13.6 18.9

50.00 49.13  
 14.2 14.5

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

44.11 70.00  
 13.6 18.9

50.00 49.13  
 14.2 14.5

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

280.22 306.00  
 7.005 .000

420.00 320.93  
 .000 60.651

MINIMUM CUSTOMARY CHARGE : \$270.00 MAXIMUM CUSTOMARY CHARGE : \$420.00  
 MEAN REASONABLE AMOUNT : \$288.13 MEAN BILLED AMOUNT : \$337.26

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

MEAN PREVAILING CHARGE : \$300.00  
 CUSTOMARY CHARGE INTERVALS \$290.-320. \$320.-350. GT \$350. ALL MD'S

NUMBER OF PHYSICIANS	1	1	2
PCT OF PHYSICIANS	50.0	50.0	100.0
CUM DISTR OF PHYSICIANS	50.0	100.0	100.0
NUMBER OF SERVICES	1	1	2
PCT OF SERVICES	50.0	50.0	100.0
CUM DISTR OF SERVICES	50.0	100.0	100.0
EXPENDITURES	224.00	240.00	464.00
PCT OF EXPENDITURES	48.2	51.7	100.0
CUM DISTR OF EXPENDITURES	48.2	99.9	100.0
BILLED/REASONABLE	1.12	1.23	1.18
BILLED/CUSTOMARY	1.12	1.20	1.16
BILLED/PREVAILING	1.05	1.23	1.14

REDUCED CHARGES	100.0	100.0	100.0
PCT OF SERVICES	35.00	70.00	105.00
AMOUNT REDUCED	35.00	70.00	105.00

ALL CLAIMS	35.00	70.00	52.50
AVG AMT REDUCED	11.1	18.9	15.3
AVG PCT REDUCTION	35.00	70.00	52.50

REDUCED CLAIMS	35.00	70.00	52.50
AVG AMT REDUCED	11.1	18.9	15.3
AVG PCT REDUCTION	35.00	70.00	52.50

MEAN CUSTOMARY CHARGE	280.00	306.00	293.00
STD. DEVIATION OF CUSTOMARY	.000	.000	13.000

MINIMUM CUSTOMARY CHARGE : \$270.00 MAXIMUM CUSTOMARY CHARGE : \$420.00  
 MEAN REASONABLE AMOUNT : \$290.00 MEAN BILLED AMOUNT : \$342.50

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 49505 : INGUINAL HERNIORRHAPHY - UNILATERAL  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$2.50	\$2.50-3.00	\$3.00-3.50	\$3.50-4.00	GT \$4.00	ALL MD'S
MEAN PREVAILING CHARGE : \$4.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	2			1		3
PCT OF PHYSICIANS	66.6			33.3		100.0
CUM DISTRN OF PHYSICIANS	66.6			99.9		100.0
NUMBER OF SERVICES	16			1		17
PCT OF SERVICES	94.1			5.8		100.0
CUM DISTRN OF SERVICES	94.1			99.9		100.0
EXPENDITURES	25.60			3.20		28.80
PCT OF EXPENDITURES	88.8			11.1		100.0
CUM DISTRN OF EXPENDITURES	88.8			99.9		100.0
BILLED/REASONABLE	1.01			1.12		1.02
BILLED/CUSTOMARY	1.01			1.12		1.02
BILLED/PREVAILING	0.50			1.12		0.54
REDUCED CHARGES						
PCT OF SERVICES	6.2			100.0		11.7
AMOUNT REDUCED	0.50			0.50		1.00
ALL CLAIMS						
AVG AMT REDUCED	0.03			0.50		0.05
AVG PCT REDUCTION	1.5			11.1		2.7
PEDICED CLAIMS						
AVG AMT REDUCED	0.50			0.50		0.50
AVG PCT REDUCTION	20.0			11.1		14.2
PCT OF SERVICES ASSIGNED	43.7			0.0		41.1
PCT OF EXPENDITURES ASSIGNED	43.7			0.0		38.8
PCT OF SERVICES MAND. ASSIGNED	25.0			0.0		23.5
PCT OF EXPEND. MAND. ASSIGNED	25.0			0.0		22.2
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED	57.1					57.1
PCT EXPEND. MAND. ASSIGNED	57.1					57.1
MEAN CUSTOMARY CHARGE	2.00			4.00		2.11
STD. DEVIATION OF CUSTOMARY	.000			.000		.473

MINIMUM CUSTOMARY CHARGE : \$2.00  
 MEAN REASONABLE AMOUNT : \$2.11  
 MAXIMUM CUSTOMARY CHARGE : \$4.00  
 MEAN BILLED AMOUNT : \$2.17

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$4.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$2.50 \$2.50-3.00 \$3.00-3.50 \$3.50-4.00 GT \$4.00 ALL MD'S

NUMBER OF PHYSICIANS	1	1	2
PCT OF PHYSICIANS	50.0	50.0	100.0
CUM DISTRN OF PHYSICIANS	50.0	100.0	100.0
NUMBER OF SERVICES	9	1	10
PCT OF SERVICES	90.0	10.0	100.0
CUM DISTRN OF SERVICES	90.0	100.0	100.0
EXPENDITURES	14.40	3.20	17.60
PCT OF EXPENDITURES	81.8	18.1	100.0
CUM DISTRN OF EXPENDITURES	81.8	99.9	100.0
BILLED/REASONABLE	1.00	1.12	1.02
BILLED/CUSTOMARY	1.00	1.12	1.02
BILLED/PREVAILING	0.50	1.12	0.56
REDUCED CHARGES			
PCT OF SERVICES	0.0	100.0	10.0
AMOUNT REDUCED	0.00	0.50	0.50
ALL CLAIMS			
AVG AMT REDUCED	0.00	0.50	0.05
AVG PCT REDUCTION	0.0	11.1	2.2
REDUCED CLAIMS			
AVG AMT REDUCED		0.50	0.50
AVG PCT REDUCTION		11.1	11.1
MEAN CUSTOMARY CHARGE	2.00	4.00	2.20
STD. DEVIATION OF CUSTOMARY	.000	.000	.600

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.00  
 MEAN REASONABLE AMOUNT : \$2.20 MEAN BILLED AMOUNT : \$2.25

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : UPINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$4.00				
CUSTOMARY CHARGE INTERVALS				
LE \$2.50	\$2.50-3.00	\$3.00-3.50	\$3.50-4.00	GT \$4.00
ALL MD'S				
NUMBER OF PHYSICIANS	2			2
PCT OF PHYSICIANS	100.0			100.0
CUM DISTRN OF PHYSICIANS	100.0			100.0
NUMBER OF SERVICES	7			7
PCT OF SERVICES	100.0			100.0
CUM DISTRN OF SERVICES	100.0			100.0
EXPENDITURES	11.20			11.20
PCT OF EXPENDITURES	100.0			100.0
CUM DISTRN OF EXPENDITURES	100.0			100.0
BILLED/REASONABLE	1.03			1.03
BILLED/CUSTOMARY	1.03			1.03
BILLED/PREVAILING	0.51			0.51
REDUCED CHARGES				
PCT OF SERVICES	14.2			14.2
AMOUNT REDUCED	0.50			0.50
ALL CLAIMS				
AVG AMT REDUCED	0.07			0.07
AVG PCT REDUCTION	3.4			3.4
REDUCED CLAIMS				
AVG AMT REDUCED	0.50			0.50
AVG PCT REDUCTION	20.0			20.0
MEAN CUSTOMARY CHARGE	2.00			2.00
STD. DEVIATION OF CUSTOMARY	.000			.000

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.00  
 MEAN REASONABLE AMOUNT : \$2.00 MEAN BILLED AMOUNT : \$2.07

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : UPINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$4.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$2.50 \$2.50-3.00 \$3.00-3.50 \$3.50-4.00 GT \$4.00 ALL MD'S

NUMBER OF PHYSICIANS	1				1
PCT OF PHYSICIANS	100.0				100.0
CUM DISTRN OF PHYSICIANS	100.0				100.0
NUMBER OF SERVICES	4				4
PCT OF SERVICES	100.0				100.0
CUM DISTRN OF SERVICES	100.0				100.0
EXPENDITURES	6.40				6.40
PCT OF EXPENDITURES	100.0				100.0
CUM DISTRN OF EXPENDITURES	100.0				100.0
BILLED/REASONABLE	1.00				1.00
BILLED/CUSTOMARY	1.00				1.00
BILLED/PREVALING	0.50				0.50
REDUCED CHARGES	0.0				0.0
PCT OF SERVICES	0.00				0.00
AMOUNT REDUCED					
ALL CLAIMS					
AVG AMT REDUCED	0.00				0.00
AVG PCT REDUCTION	0.0				0.0
REDUCED CLAIMS					
AVG AMT REDUCED					
AVG PCT REDUCTION					
MEAN CUSTOMARY CHARGE	2.00				2.00
STD. DEVIATION OF CUSTOMARY	.000				.000

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.00  
 MEAN REASONABLE AMOUNT : \$2.00 MEAN BILLED AMOUNT : \$2.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$7.00	MEAN PREVAILING CHARGE : \$8.50 CUSTOMARY CHARGE INTERVALS \$9.00-10.00	GT \$10.00	ALL MD'S
NUMBER OF PHYSICIANS	4	11	2	21
PCT OF PHYSICIANS	19.0	52.3	9.5	100.0
CUM DISTRN OF PHYSICIANS	19.0	71.4	85.7	100.0
NUMBER OF SERVICES	60	122	47	256
PCT OF SERVICES	23.4	47.6	18.3	100.0
CUM DISTRN OF SERVICES	23.4	71.0	91.3	100.0
EXPENDITURES	336.00	739.58	319.60	1,564.78
PCT OF EXPENDITURES	21.4	47.2	20.4	100.0
CUM DISTRN OF EXPENDITURES	21.4	68.7	90.4	100.0
BILLED/REASONABLE	1.17	1.43	1.28	1.34
BILLED/CUSTOMARY	1.17	1.42	1.14	1.24
BILLED/PREVAILING	0.96	1.27	1.28	1.20
REDUCED CHARGES				
PCT OF SERVICES	100.0	88.5	100.0	92.5
AMOUNT REDUCED	72.00	402.60	114.50	666.10
ALL CLAIMS				
AVG AMT REDUCED	1.20	3.30	2.43	2.60
AVG PCT REDUCTION	14.6	30.3	22.2	25.4
REDUCED CLAIMS				
AVG AMT REDUCED	1.20	3.72	2.43	2.81
AVG PCT REDUCTION	14.6	32.9	22.2	26.7
PCT OF SERVICES ASSIGNED	38.3	54.0	55.3	48.4
PCT OF EXPENDITURES ASSIGNED	38.3	54.0	55.3	48.9
PCT OF SERVICES MAND. ASSIGNED	3.3	18.0	22.7	16.0
PCT OF EXPEND. MAND. ASSIGNED	3.3	18.4	25.5	16.8
ASSIGNED CLAIMS				
PCT MAND. ASSIGNED	8.6	33.3	46.1	33.0
PCT EXPEND. MAND. ASSIGNED	8.6	34.2	46.1	34.3
MEAN CUSTOMARY CHARGE	7.00	7.04	9.53	8.24
STD. DEVIATION OF CUSTOMARY	.000	.298	.179	1.463

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.36  
 MEAN REASONABLE AMOUNT : \$7.64 MEAN BILLED AMOUNT : \$10.24

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$8.50		CUSTOMARY CHARGE INTERVALS		GT \$10.00		ALL MD'S	
LE \$7.00		\$7.00-8.00		\$8.00-9.00		\$9.00-10.00			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	4	9	1	1	3			18	
	22.2	50.0	5.5	5.5	16.6			100.0	
	22.2	72.2	77.7	83.3	100.0			100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	37	56	5	21	13			132	
	28.0	42.4	3.7	15.9	9.8			100.0	
	28.0	70.4	74.2	90.1	100.0			100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	207.20	340.00	20.00	142.80	88.40			798.40	
	25.9	42.5	2.5	17.8	11.0			100.0	
	25.9	68.5	71.0	88.9	100.0			100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.18	1.44	1.00	1.29	1.41			1.33	
	1.18	1.44	0.55	1.15	0.99			1.23	
	0.97	1.29	0.58	1.29	1.41			1.19	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	87.5	0.0	100.0	100.0			90.9	
	49.00	191.04	0.00	52.50	45.50			338.04	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.32	3.41	0.00	2.50	3.50			2.56	
	15.9	31.9	0.0	22.7	29.1			25.3	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.32	3.89		2.50	3.50			2.81	
	15.9	34.1		22.7	29.1			26.9	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	7.00	7.58	9.00	9.50	12.05			8.22	
	.000	.288	.000	.000	.161			1.536	

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.36  
 MEAN REASONABLE AMOUNT : \$7.56 MEAN BILLED AMOUNT : \$10.12

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$8.50  
 CUSTOMARY CHARGE INTERVALS  
 LE \$7.00 \$7.00-8.00 \$8.00-9.00 \$9.00-10.00 GT \$10.00 ALL MD'S

NUMBER OF PHYSICIANS 2 8 2 2 14  
 PCT OF PHYSICIANS 14.2 57.1 14.2 14.2 100.0  
 CUM DISTRN OF PHYSICIANS 14.2 71.4 100.0 100.0 100.0

NUMBER OF SERVICES 23 60 26 9 124  
 PCT OF SERVICES 18.5 53.2 20.9 7.2 100.0  
 CUM DISTRN OF SERVICES 18.5 71.7 92.7 100.0 100.0

EXPENDITURES 128.80 399.60 176.80 61.20 766.40  
 PCT OF EXPENDITURES 16.8 52.1 23.0 7.9 100.0  
 CUM DISTRN OF EXPENDITURES 16.8 68.9 91.9 100.0 100.0

BILLED/REASONABLE 1.14 1.42 1.28 1.41 1.34  
 BILLED/CUSTOMARY 1.14 1.40 1.13 0.99 1.25  
 BILLED/PREVALING 0.94 1.26 1.28 1.41 1.22

REDUCED CHARGES  
 PCT OF SERVICES 100.0 89.3 100.0 100.0 94.3  
 AMOUNT REDUCED 23.00 212.00 62.00 31.50 328.50

ALL CLAIMS  
 AVG AMT REDUCED 1.00 3.21 2.38 3.50 2.64  
 AVG PCT REDUCTION 12.5 29.7 21.9 29.1 25.5

REDUCED CLAIMS  
 AVG AMT REDUCED 1.00 3.59 2.38 3.50 2.80  
 AVG PCT REDUCTION 12.5 31.7 21.9 29.1 26.4

MEAN CUSTOMARY CHARGE 7.00 7.69 9.55 12.04 8.27  
 STD. DEVIATION OF CUSTOMARY .000 .303 .195 .110 1.379

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.36  
 MEAN REASONABLE AMOUNT : \$7.72 MEAN BILLED AMOUNT : \$10.37

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$8.50		CUSTOMARY CHARGE INTERVALS		GT \$10.00		ALL MD'S	
		LE \$7.00	\$7.00-8.00	\$8.00-9.00	\$9.00-10.00				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	4	2	2	2	2	2	9	
	11.1	44.4	22.2	22.2	22.2	22.2	22.2	100.0	
	11.1	55.5	77.7	77.7	100.0	100.0	100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	2	22	12	12	5	5	5	41	
	4.8	53.6	29.2	29.2	12.1	12.1	12.1	100.0	
	4.8	58.5	87.7	87.7	100.0	100.0	100.0	100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	11.20	136.80	81.60	81.60	34.00	34.00	34.00	263.60	
	4.2	51.8	30.9	30.9	12.8	12.8	12.8	100.0	
	4.2	56.1	87.0	87.0	100.0	100.0	100.0	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.14	1.43	1.28	1.28	1.41	1.41	1.41	1.37	
	1.14	1.43	1.14	1.14	0.99	0.99	0.99	1.25	
	0.94	1.31	1.28	1.28	1.41	1.41	1.41	1.29	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	2.00	74.00	29.00	29.00	17.50	17.50	17.50	122.50	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.00	3.36	2.41	2.41	3.50	3.50	3.50	2.98	
	12.5	30.2	22.1	22.1	29.1	29.1	29.1	27.1	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.00	3.36	2.41	2.41	3.50	3.50	3.50	2.98	
	12.5	30.2	22.1	22.1	29.1	29.1	29.1	27.1	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	7.00	1.77	9.54	9.54	12.07	12.07	12.07	8.77	
	.000	.270	.176	.176	.141	.141	.141	1.494	

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.36  
 MEAN REASONABLE AMOUNT : \$8.03 MEAN BILLED AMOUNT : \$11.02

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
		LE \$10.00	\$10.00-11.65	\$11.65-13.30	\$13.30-15.00				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS		8	4	4		2		18	
		44.4	22.2	22.2		11.1		100.0	
		44.4	66.6	88.8		100.0		100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES		160	15	26		7		208	
		76.9	7.2	12.5		3.3		100.0	
		76.9	84.1	96.6		100.0		100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES		1,127.04	125.42	246.40		65.60		1,564.46	
		72.0	8.0	15.7		4.1		100.0	
		72.0	80.0	95.7		100.0		100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING		1.25	1.23	1.05		1.12		1.21	
		1.24	1.23	1.04		0.75		1.18	
		0.85	0.99	0.96		1.01		0.88	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED		72.5	100.0	15.3		57.1		66.8	
		360.64	37.22	17.04		9.98		424.88	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION		2.25	2.48	0.65		1.42		2.04	
		20.3	19.1	5.2		10.8		17.9	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION		3.10	2.48	4.26		2.49		3.05	
		27.1	19.1	28.6		18.3		25.9	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED		80.6	66.0	92.3		71.4		80.7	
		81.2	67.0	93.5		75.6		81.7	
		15.0	13.3	34.6		28.5		17.7	
		15.6	13.3	35.0		28.0		19.0	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED		18.6	20.1	37.5		40.0		22.0	
		19.3	19.9	37.5		37.0		23.3	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY		8.88	10.65	12.00		17.48		9.68	
		.845	.158	.000		1.296		1.963	
		MINIMUM CUSTOMARY CHARGE : \$8.00		MAXIMUM CUSTOMARY CHARGE : \$18.60					
		MEAN REASONABLE AMOUNT : \$9.40		MEAN BILLED AMOUNT : \$11.44					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$10.00	\$10.00-11.65	MEAN PREVAILING CHARGE : \$13.00 CUSTOMARY CHARGE INTERVALS \$11.65-13.30	\$13.30-15.00	GT \$15.00	ALL MD'S
NUMBER OF PHYSICIANS	5	2	1		1	9
PCT OF PHYSICIANS	55.5	22.2	11.1		11.1	100.0
CUM DISTRN OF PHYSICIANS	55.5	77.7	88.8		100.0	100.0
NUMBER OF SERVICES	31	5	2		2	40
PCT OF SERVICES	77.5	12.5	5.0		5.0	100.0
CUM DISTRN OF SERVICES	77.5	90.0	95.0		100.0	100.0
EXPENDITURES	211.82	41.32	16.00		16.00	285.15
PCT OF EXPENDITURES	74.2	14.4	5.6		5.6	100.0
CUM DISTRN OF EXPENDITURES	74.2	88.7	94.3		100.0	100.0
BILLED/REASONABLE	1.46	1.20	1.00		1.00	1.37
BILLED/CUSTOMARY	1.46	1.20	0.83		0.62	1.31
BILLED/PREVAILING	0.96	0.95	0.76		0.76	0.94
REDUCED CHARGES						
PCT OF SERVICES	93.5	100.0	0.0		0.0	85.0
AMOUNT REDUCED	122.24	11.34	0.00		0.00	132.58
ALL CLAIMS						
AVG AMT REDUCED	3.94	2.06	0.00		0.00	3.31
AVG PCT REDUCTION	31.5	16.6	0.0		0.0	27.1
REDUCED CLAIMS						
AVG AMT REDUCED	4.21	2.06				3.89
AVG PCT REDUCTION	33.3	16.5				30.9
MEAN CUSTOMARY CHARGE	8.54	10.33	12.00		16.00	9.31
STD. DEVIATION OF CUSTOMARY	.456	.295	.000		.000	1.831

MINIMUM CUSTOMARY CHARGE : \$8.00  
 MEAN REASONABLE AMOUNT : \$8.91  
 MAXIMUM CUSTOMARY CHARGE : \$18.60  
 MEAN BILLED AMOUNT : \$12.22

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
		LE \$10.00	\$10.00-11.65	\$11.65-13.30	\$13.30-15.00				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	6	3	3	3	2			14	
	42.8	21.4	21.4	21.4	14.2			100.0	
	42.8	64.2	85.6	85.6	100.0			100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	129	10	24	24	5			168	
	76.7	5.9	14.2	14.2	2.9			100.0	
	76.7	82.7	97.0	97.0	100.0			100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	915.56	84.09	230.40	230.40	49.60			1,279.65	
	71.5	6.5	18.0	18.0	3.8			100.0	
	71.5	78.1	96.1	96.1	100.0			100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.20	1.25	1.05	1.05	1.16			1.18	
	1.19	1.25	1.05	1.05	0.79			1.15	
	0.82	1.01	0.97	0.97	1.10			0.86	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	67.4	100.0	16.6	16.6	80.0			62.5	
	238.45	26.88	17.04	17.04	10.00			292.37	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.84	2.68	0.71	0.71	2.00			1.74	
	17.2	20.3	5.5	5.5	13.8			15.4	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	2.74	2.68	4.26	4.26	2.50			2.78	
	24.7	20.3	28.6	28.6	17.3			24.1	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	8.97	13.51	12.00	12.00	18.08			9.76	
	.901	.071	.000	.000	1.040			1.987	

MINIMUM CUSTOMARY CHARGE : \$8.00 MAXIMUM CUSTOMARY CHARGE : \$18.61  
 MEAN REASONABLE AMOUNT : \$9.52 MEAN BILLED AMOUNT : \$11.26

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00 CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00			
LE \$10.00							
NUMBER OF PHYSICIANS	6	1	3		1	11	
PCT OF PHYSICIANS	54.5	9.0	27.2		9.0	100.0	
CUM DISTRN OF PHYSICIANS	54.5	63.6	90.9		100.0	100.0	
NUMBER OF SERVICES	24	2	9		2	37	
PCT OF SERVICES	64.8	5.4	24.3		5.4	100.0	
CUM DISTRN OF SERVICES	64.8	70.2	94.5		100.0	100.0	
EXPENDITURES	176.80	16.80	86.40		18.40	298.40	
PCT OF EXPENDITURES	59.2	5.6	28.9		6.1	100.0	
CUM DISTRN OF EXPENDITURES	59.2	64.8	93.8		100.0	100.0	
BILLED/REASONABLE	1.21	1.14	1.07		1.08	1.16	
BILLED/CUSTOMARY	1.21	1.14	1.07		0.67	1.12	
BILLED/PREVAILING	0.86	0.92	0.99		0.96	0.90	
REDUCED CHARGES							
PCT OF SERVICES	66.6	100.0	11.1		50.0	54.0	
AMOUNT REDUCED	48.00	3.00	8.00		2.00	61.00	
ALL CLAIMS							
AVG AMT REDUCED	2.00	1.50	0.88		1.00	1.64	
AVG PCT REDUCTION	17.8	12.5	6.8		8.0	14.0	
REDUCED CLAIMS							
AVG AMT REDUCED	3.00	1.50	8.00		2.00	3.05	
AVG PCT REDUCTION	25.3	12.5	40.0		16.0	24.8	
MEAN CUSTOMARY CHARGE	9.20	10.50	12.00		18.60	10.46	
STD. DEVIATION OF CUSTOMARY	.806	.000	.000		.000	2.369	

MINIMUM CUSTOMARY CHARGE : \$8.00  
 MEAN REASONABLE AMOUNT : \$10.08  
 MAXIMUM CUSTOMARY CHARGE : \$18.60  
 MEAN BILLED AMOUNT : \$11.72

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$16.00 CUSTOMARY CHARGE INTERVALS					GT \$16.00	ALL MD'S
LE \$11.50	\$11.50-13.00	\$13.00-14.50	\$14.50-16.00			
NUMBER OF PHYSICIANS						
4	2	1	3			10
40.0	20.0	10.0	30.0			100.0
40.0	60.0	70.0	100.0			100.0
NUMBER OF SERVICES						
15	32	1	6			54
27.7	59.2	1.8	11.1			100.0
27.7	87.0	88.8	99.9			100.0
EXPENDITURES						
121.92	252.64	11.20	72.00			457.76
26.6	55.1	2.4	15.7			100.0
26.6	81.8	84.2	99.9			100.0
BILLED/PREVAILING						
1.09	1.30	1.71	1.21			1.24
1.09	1.05	1.71	1.17			1.09
0.69	0.80	1.50	1.13			0.82
REDUCED CHARGES						
20.0	40.6	100.0	66.6			38.8
15.10	96.20	10.00	19.00			140.30
ALL CLAIMS						
1.00	3.00	10.00	3.16			2.59
9.0	23.3	41.6	17.4			19.6
REDUCED CLAIMS						
5.03	7.40	10.00	4.75			6.68
33.5	37.0	41.6	25.0			34.6
PCT OF SERVICES ASSIGNED						
46.6	53.1	100.0	50.0			51.8
46.7	50.3	100.0	50.0			50.5
6.6	40.6	0.0	0.0			27.7
6.5	37.3	0.0	0.0			24.9
ASSIGNED CLAIMS						
14.2	70.4	0.0	0.0			53.5
14.0	74.0	0.0	0.0			49.3
MEAN CUSTOMARY CHARGE						
10.16	12.24	14.00	15.50			12.05
.407	.324	.000	.500			1.593

MINIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$10.59  
 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN BILLED AMOUNT : \$13.19

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$16.00		CUSTOMARY CHARGE INTERVALS		GT \$16.00		ALL MD'S	
LE \$11.50		\$11.50-13.00		\$13.00-14.50		\$14.50-16.00			
NUMBER OF PHYSICIANS	3	2	2	2	2	2	2	7	
PCT OF PHYSICIANS	42.8	28.5	28.5	28.5	28.5	28.5	28.5	100.0	
CUM DISTRN OF PHYSICIANS	42.8	71.4	71.4	71.4	71.4	71.4	71.4	100.0	
NUMBER OF SERVICES	8	15	15	15	15	15	15	26	
PCT OF SERVICES	30.7	57.6	57.6	57.6	57.6	57.6	57.6	100.0	
CUM DISTRN OF SERVICES	30.7	88.4	88.4	88.4	88.4	88.4	88.4	100.0	
EXPENDITURES	64.96	125.44	125.44	125.44	125.44	125.44	125.44	226.40	
PCT OF EXPENDITURES	28.6	55.4	55.4	55.4	55.4	55.4	55.4	100.0	
CUM DISTRN OF EXPENDITURES	28.6	84.0	84.0	84.0	84.0	84.0	84.0	100.0	
BILLED/PREASONABLE	1.07	1.37	1.37	1.37	1.37	1.37	1.37	1.24	
BILLED/CUSTOMARY	1.07	1.16	1.16	1.16	1.16	1.16	1.16	1.12	
BILLED/PREVAILING	0.68	0.90	0.90	0.90	0.90	0.90	0.90	0.84	
REDUCED CHARGES									
PCT OF SERVICES	12.5	53.3	53.3	53.3	53.3	53.3	53.3	42.3	
AMOUNT REDUCED	6.30	59.20	59.20	59.20	59.20	59.20	59.20	69.50	
ALL CLAIMS									
AVG AMT REDUCED	0.78	3.94	3.94	3.94	3.94	3.94	3.94	2.67	
AVG PCT REDUCTION	7.2	27.4	27.4	27.4	27.4	27.4	27.4	19.7	
REDUCED CLAIMS									
AVG AMT REDUCED	6.30	7.40	7.40	7.40	7.40	7.40	7.40	6.31	
AVG PCT REDUCTION	36.0	37.0	37.0	37.0	37.0	37.0	37.0	32.5	
MEAN CUSTOMARY CHARGE	10.15	12.32	12.32	12.32	12.32	12.32	12.32	12.07	
STD. DEVIATION OF CUSTOMARY	.396	.298	.298	.298	.298	.298	.298	1.753	

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN REASONABLE AMOUNT : \$10.88 MEAN BILLED AMOUNT : \$13.55

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$16.00					CUSTOMARY CHARGE INTERVALS					ALL MD'S				
LE \$11.50					\$11.50-13.00 \$13.00-14.50 \$14.50-16.00					GT \$16.00				
NUMBER OF PHYSICIANS	4	2	1	1	PCT OF PHYSICIANS	50.0	25.0	12.5	12.5	CUM DISTRN OF PHYSICIANS	50.0	75.0	87.5	100.0
	7	17	1	3		28	100.0	100.0	100.0					
	25.0	60.7	3.5	10.7		100.0	100.0	100.0						
NUMBER OF SERVICES	25.0	85.7	89.2	99.9	PCT OF SERVICES	25.0	60.7	3.5	10.7	CUM DISTRN OF SERVICES	25.0	60.7	89.2	99.9
	56.96	127.20	11.20	36.00		231.36	100.0	100.0	100.0					
	24.6	54.9	4.8	15.5		100.0	100.0	100.0						
EXPENDITURES	24.6	79.5	84.4	99.9	PCT OF EXPENDITURES	24.6	79.5	84.4	99.9	CUM DISTRN OF EXPENDITURES	24.6	79.5	84.4	99.9
	1.12	1.23	1.71	1.33		1.24	1.06	0.80						
	1.12	0.94	1.71	1.33		1.06	0.80	0.80						
BILLED/REASONABLE	0.71	0.72	1.50	1.25	BILLED/CUSTOMARY	0.71	0.72	1.50	1.25	BILLED/PREVAILING	0.71	0.72	1.50	1.25
	28.5	29.4	100.0	66.6		35.7	70.80	70.80						
	8.80	37.00	10.00	15.00		70.80	70.80	70.80						
ALL CLAIMS														
AVG AMT REDUCED	1.25	2.17	10.00	5.00	AVG PCT REDUCTION	11.0	18.8	41.6	25.0	2.52	19.6	19.6	19.6	19.6
	4.40	7.40	10.00	7.50		7.08	36.9	36.9	36.9					
AVG AMT REDUCED	32.0	37.0	41.6	37.5	AVG PCT REDUCTION	32.0	37.0	41.6	37.5	7.08	36.9	36.9	36.9	36.9
	10.17	12.17	14.00	15.00		12.04	1.439	1.439	1.439		1.439			
MEAN CUSTOMARY CHARGE	10.17	12.17	14.00	15.00	STD. DEVIATION OF CUSTOMARY	.430	.293	.000	.000	12.04	1.439	1.439	1.439	1.439
	.430	.293	.000	.000		1.439	1.439	1.439	1.439					
MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00														
MEAN REASONABLE AMOUNT : \$10.32 MEAN BILLED AMOUNT : \$12.85														

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGLON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$16.00		CUSTOMARY CHARGE INTERVALS		GT \$16.00		ALL MD'S	
		LE \$11.50	\$11.50-13.00	\$13.00-14.50	\$14.50-16.00				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS	1	25.0	25.0	25.0	25.0	1	25.0	1	4
	2	25.0	25.0	25.0	25.0	1	25.0	100.0	100.0
	25.0	25.0	25.0	25.0	25.0	1	25.0	100.0	100.0
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES	1	6.6	6.6	6.6	6.6	1	6.6	15	15
	6.6	6.6	6.6	6.6	6.6	1	6.6	100.0	100.0
	6.6	6.6	6.6	6.6	6.6	1	6.6	100.0	100.0
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES	8.00	7.0	7.0	7.0	7.0	12.00	10.5	114.24	100.0
	7.0	7.0	7.0	7.0	7.0	10.5	10.5	100.0	100.0
	7.0	7.0	7.0	7.0	7.0	10.5	10.5	100.0	100.0
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.15	1.15
	1.00	1.00	1.00	1.00	1.00	0.75	0.75	0.87	0.87
	0.62	0.62	0.62	0.62	0.62	0.93	0.93	0.68	0.68
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.20	22.20
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.48	1.48
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.4	13.4
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40
	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0
	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	10.00	10.00	10.00	10.00	10.00	20.00	20.00	12.52	12.52
	.000	.000	.000	.000	.000	.000	.000	2.082	2.082
	.000	.000	.000	.000	.000	.000	.000	2.082	2.082

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN REASONABLE AMOUNT : \$9.52 MEAN BILLED AMOUNT : \$11.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGLON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$7.00	\$7.00-8.50	\$8.50-10.00	\$10.00-11.50	GT \$11.50	ALL MD'S
MEAN PREVAILING CHARGE : \$10.00						
CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	3	9	4		1	17
PCT OF PHYSICIANS	17.6	52.9	23.5		5.8	100.0
CUM DISTRN OF PHYSICIANS	17.6	70.5	94.1		100.0	100.0
NUMBER OF SERVICES	30	105	53		2	190
PCT OF SERVICES	15.7	55.2	27.8		1.0	100.0
CUM DISTRN OF SERVICES	15.7	71.0	98.9		100.0	100.0
EXPENDITURES	168.00	668.64	424.00		16.00	1,276.64
PCT OF EXPENDITURES	13.1	52.3	33.2		1.2	100.0
CUM DISTRN OF EXPENDITURES	13.1	65.5	98.7		100.0	100.0
BILLED/REASONABLE	1.14	1.18	1.12		1.20	1.15
BILLED/CUSTOMARY	1.14	1.18	1.12		1.00	1.15
BILLED/PREVAILING	0.80	0.94	1.12		1.20	0.97
REDUCED CHARGES						
PCT OF SERVICES	100.0	92.3	41.5		100.0	79.4
AMOUNT REDUCED	30.00	155.50	65.00		4.00	254.50
ALL CLAIMS						
AVG AMT REDUCED	1.00	1.48	1.22		2.00	1.33
AVG PCT REDUCTION	12.5	15.6	10.9		16.6	13.7
REDUCED CLAIMS						
AVG AMT REDUCED	1.00	1.60	2.95		2.00	1.68
AVG PCT REDUCTION	12.5	16.7	22.8		16.6	17.2
PCT OF SERVICES ASSIGNED	0.0	82.8	77.3		0.0	67.3
PCT OF EXPENDITURES ASSIGNED	0.0	82.7	77.3		0.0	69.0
PCT OF SERVICES MAND. ASSIGNED	0.0	12.3	3.7		0.0	7.8
PCT OF EXPEND. MAND. ASSIGNED	0.0	12.0	3.7		0.0	7.5
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED		14.9	4.8			11.7
PCT EXPEND. MAND. ASSIGNED		14.5	4.8			10.9
MEAN CUSTOMARY CHARGE	7.00	7.98	10.00		12.00	8.43
STD. DEVIATION OF CUSTOMARY	.000	.221	.000		.000	1.134

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN REASONABLE AMOUNT : \$8.39 MEAN BILLED AMOUNT : \$9.73

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$10.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$7.00 \$7.00-8.50 \$8.50-10.00 \$10.00-11.50 GT \$11.50 ALL MD'S

NUMBER OF PHYSICIANS	3	4	3	11
PCT OF PHYSICIANS	27.2	36.3	27.2	100.0
CUM DISTRN OF PHYSICIANS	27.2	63.6	90.9	100.0
NUMBER OF SERVICES	30	18	12	62
PCT OF SERVICES	48.3	29.0	19.3	100.0
CUM DISTRN OF SERVICES	48.3	77.4	96.7	100.0
EXPENDITURES	168.00	115.20	96.00	395.20
PCT OF EXPENDITURES	42.5	29.1	24.2	100.0
CUM DISTRN OF EXPENDITURES	42.5	71.6	95.9	100.0
BILLED/REASONABLE	1.14	1.11	1.25	1.16
BILLED/CUSTOMARY	1.14	1.09	1.25	1.14
BILLED/PREVAILING	0.80	0.89	1.25	0.92
REDUCED CHARGES				
PCT OF SERVICES	100.0	61.1	100.0	88.7
AMOUNT REDUCED	30.00	16.77	30.00	80.77
ALL CLAIMS				
AVG AMT REDUCED	1.00	0.93	2.50	1.30
AVG PCT REDUCTION	12.5	10.4	20.0	14.0
REDUCED CLAIMS				
AVG AMT REDUCED	1.00	1.52	2.50	1.46
AVG PCT REDUCTION	12.5	16.0	20.0	15.5
MEAN CUSTOMARY CHARGE	7.00	4.15	10.00	8.07
STD. DEVIATION OF CUSTOMARY	.000	.217	.000	1.339

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN REASONABLE AMOUNT : \$7.96 MEAN BILLED AMOUNT : \$9.27

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$7.00	\$7.00-8.50	\$8.50-10.00	\$10.00-11.50	GT \$11.50	ALL MD'S
MEAN PREVAILING CHARGE : \$10.00						
CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	6	3				9
PCT OF PHYSICIANS	60.0	33.3				100.0
CUM DISTR OF PHYSICIANS	66.6	99.9				100.0
NUMBER OF SERVICES	87	41				128
PCT OF SERVICES	67.9	32.0				100.0
CUM DISTR OF SERVICES	67.9	99.9				100.0
EXPENDITURES	553.44	328.00				881.44
PCT OF EXPENDITURES	62.7	37.2				100.0
CUM DISTR OF EXPENDITURES	62.7	99.9				100.0
BILLED/REASONABLE	1.20	1.08				1.15
BILLED/CUSTOMARY	1.20	1.08				1.15
BILLED/PREVAILING	0.95	1.08				0.99
REDUCED CHARGES	98.8	24.3				75.0
PCT OF SERVICES	138.80	35.00				173.80
AMOUNT REDUCED						
ALL CLAIMS						
AVG AMT REDUCED	1.59	0.85				1.35
AVG PCT REDUCTION	16.7	7.8				13.6
REDUCED CLAIMS						
AVG AMT REDUCED	1.61	3.50				1.81
AVG PCT REDUCTION	16.8	25.9				18.1
MEAN CUSTOMARY CHARGE	7.95	10.00				8.60
STD. DEVIATION OF CUSTOMARY	.207	.000				.974

MINIMUM CUSTOMARY CHARGE : \$7.00  
 MEAN REASONABLE AMOUNT : \$8.60  
 MAXIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN BILLED AMOUNT : \$9.96

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$10.00  
 CUSTOMARY CHARGE INTERVALS \$8.50-10.00 \$10.00-11.50  
 LE \$7.00 GT \$11.50 ALL MD'S

NUMBER OF PHYSICIANS	3	1	4
PCT OF PHYSICIANS	75.0	25.0	100.0
CUM DISTN OF PHYSICIANS	75.0	100.0	100.0
NUMBER OF SERVICES	13	2	15
PCT OF SERVICES	86.6	13.3	100.0
CUM DISTN OF SERVICES	86.6	99.9	100.0
EXPENDITURES	80.48	16.00	96.48
PCT OF EXPENDITURES	83.4	16.5	100.0
CUM DISTN OF EXPENDITURES	83.4	99.9	100.0
BILLED/REASONABLE	1.14	1.50	1.20
BILLED/CUSTOMARY	1.14	1.50	1.20
BILLED/PREVALING	0.88	1.50	0.96

REDUCED CHARGES	100.0	100.0	100.0
PCT OF SERVICES	14.40	10.00	24.40
AMOUNT REDUCED			

ALL CLAIMS	1.10	5.00	1.62
AVG AMT REDUCED	12.5	33.3	16.8
AVG PCT REDUCTION			

REDUCED CLAIMS	1.10	5.00	1.62
AVG AMT REDUCED	12.5	33.3	16.8
AVG PCT REDUCTION			

MEAN CUSTOMARY CHARGE	7.73	10.00	8.04
STD. DEVIATION OF CUSTOMARY	.341	.000	.628

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$12.00  
 MEAN REASONABLE AMOUNT : \$8.04 MEAN BILLED AMOUNT : \$9.66

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
LE \$10.00		\$10.00-11.65		\$11.65-13.30		\$13.30-15.00			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	2	3					6	
	16.6	33.3	50.0					100.0	
	16.6	49.9	99.9					100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	2	27	10					39	
	5.1	69.2	25.6					100.0	
	5.1	74.3	99.9					100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	16.00	217.92	87.20					321.12	
	4.9	67.8	27.1					100.0	
	4.9	72.8	99.9					100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.20	1.02	1.08					1.05	
	1.20	0.91	0.86					0.91	
	0.80	0.69	0.78					0.72	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	7.4	20.0					15.3	
	4.00	7.60	9.00					20.60	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	2.00	0.28	0.90					0.52	
	16.6	2.7	7.6					4.8	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	2.00	3.80	4.50					3.43	
	16.6	25.3	23.6					22.3	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED	100.0	100.0	90.0					97.4	
	100.0	100.0	87.1					96.5	
	0.0	0.0	50.0					12.8	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED	0.0	0.0	45.8					12.4	
	0.0	0.0	55.5					13.1	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	10.00	11.48	13.02					11.88	
	0.00	0.77	0.493					1.093	

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$10.29 MEAN BILLED AMOUNT : \$10.82

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

LE \$10.00 MEAN PREVAILING CHARGE : \$15.00  
 CUSTOMARY CHARGE INTERVALS \$10.00-11.65 \$11.65-13.30 \$13.30-15.00 GT \$15.00 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

1  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

1  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

11.20  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.28  
 1.28  
 1.20

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0  
 4.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

4.00  
 22.2

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

4.00  
 22.2

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

14.00  
 .000

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$14.00 MEAN BILLED AMOUNT : \$18.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
		LE \$10.00		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00			
NUMBER OF PHYSICIANS	1			2		2		5	
PCT OF PHYSICIANS	20.0		40.0			40.0		100.0	
CUM DISTRN OF PHYSICIANS	20.0		60.0			100.0		100.0	
NUMBER OF SERVICES	2		27			9		38	
PCT OF SERVICES	5.2		71.0			23.6		100.0	
CUM DISTRN OF SERVICES	5.2		76.3			99.9		100.0	
EXPENDITURES	16.00		217.92			76.00		309.92	
PCT OF EXPENDITURES	5.1		70.3			24.5		100.0	
CUM DISTRN OF EXPENDITURES	5.1		75.4			99.9		100.0	
BILLED/REASONABLE	1.20		1.02			1.05		1.04	
BILLED/CUSTOMARY	1.20		0.91			0.81		0.89	
BILLED/PREVAILING	0.80		0.69			0.74		0.70	
REDUCED CHARGES									
PCT OF SERVICES	100.0		7.4			11.1		13.1	
AMOUNT REDUCED	4.00		7.00			5.00		16.60	
ALL CLAIMS									
AVG AMT REDUCED	2.00		0.28			0.55		0.43	
AVG PCT REDUCTION	16.6		2.7			5.0		4.1	
REDUCED CLAIMS									
AVG AMT REDUCED	2.00		3.80			5.00		3.32	
AVG PCT REDUCTION	16.6		25.3			25.0		22.4	
MEAN CUSTOMARY CHARGE	10.00		11.38			13.57		11.83	
STD. DEVIATION OF CUSTOMARY	.000		.077			.522		1.056	

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$10.19 MEAN BILLED AMOUNT : \$10.63

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

LE \$10.00 MEAN PREVAILING CHARGE : \$15.00  
 CUSTOMARY CHARGE INTERVALS  
 \$10.00-11.65 \$11.65-13.30 \$13.30-15.00 GT \$15.00 ALL MD'S

NUMBER OF PHYSICIANS	1	1	1
PCT OF PHYSICIANS	100.0	100.0	100.0
CUM DISTR OF PHYSICIANS	100.0	100.0	100.0
NUMBER OF SERVICES	5	5	5
PCT OF SERVICES	100.0	100.0	100.0
CUM DISTR OF SERVICES	100.0	100.0	100.0
EXPENDITURES	40.00	40.00	40.00
PCT OF EXPENDITURES	100.0	100.0	100.0
CUM DISTR OF EXPENDITURES	100.0	100.0	100.0
BILLED/REASONABLE	1.00	1.00	1.00
BILLED/CUSTOMARY	0.74	0.74	0.74
BILLED/PREVALING	0.56	0.56	0.56
REDUCED CHARGES	0.0	0.0	0.0
PCT OF SERVICES	0.00	0.00	0.00
AMOUNT REDUCED	0.00	0.00	0.00
ALL CLAIMS	0.00	0.00	0.00
AVG AMT REDUCED	0.00	0.00	0.00
AVG PCT REDUCTION	0.00	0.00	0.00
REDUCED CLAIMS	0.00	0.00	0.00
AVG AMT REDUCED	0.00	0.00	0.00
AVG PCT REDUCTION	0.00	0.00	0.00
MEAN CUSTOMARY CHARGE	13.40	13.40	13.40
STD. DEVIATION OF CUSTOMARY	.000	.000	.000

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$10.00 MEAN BILLED AMOUNT : \$10.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : GENERAL SURGEON YEAR : 1975  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$14.00	\$14.00-16.35	MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS \$16.35-19.70	\$18.70-21.00	GT \$21.00	ALL MD'S
NUMBER OF PHYSICIANS		3	3		1	7
PCT OF PHYSICIANS		42.8	42.8		14.2	100.0
CUM DISTRN OF PHYSICIANS		42.8	85.7		100.0	100.0
NUMBER OF SERVICES		26	16		6	48
PCT OF SERVICES		54.1	33.3		12.5	100.0
CUM DISTRN OF SERVICES		54.1	87.4		100.0	100.0
EXPENDITURES		291.98	230.31		96.00	618.29
PCT OF EXPENDITURES		47.2	37.2		15.5	100.0
CUM DISTRN OF EXPENDITURES		47.2	84.4		100.0	100.0
BILLED/REASONABLE		1.09	1.05		1.25	1.10
BILLED/CUSTOMARY		1.00	1.05		1.04	1.02
BILLED/PREVAILING		0.76	0.95		1.25	0.88
REDUCED CHARGES						
PCT OF SERVICES		19.2	31.2		100.0	33.3
AMOUNT REDUCED		34.88	16.11		30.00	80.99
ALL CLAIMS						
AVG AMT REDUCED		1.34	1.00		5.00	1.68
AVG PCT REDUCTION		8.7	5.2		20.0	9.4
REDUCED CLAIMS						
AVG AMT REDUCED		6.97	3.22		5.00	5.06
AVG PCT REDUCTION		36.3	15.1		20.0	23.0
PCT OF SERVICES ASSIGNED		38.4	18.7		66.6	35.4
PCT OF EXPENDITURES ASSIGNED		41.0	19.7		66.6	36.7
PCT OF SERVICES MAND. ASSIGNED		19.2	6.2		16.6	14.5
PCT OF EXPEND. MAND. ASSIGNED		20.5	6.2		16.6	14.6
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED		50.0	33.3		25.0	41.1
PCT EXPEND. MAND. ASSIGNED		50.0	33.4		25.0	39.8
MEAN CUSTOMARY CHARGE		15.29	17.99		24.00	17.28
STD. DEVIATION OF CUSTOMARY		.550	.071		.000	2.851
MINIMUM CUSTOMARY CHARGE : \$15.00						
MEAN REASONABLE AMOUNT : \$16.10						
MAXIMUM CUSTOMARY CHARGE : \$24.00						
MEAN BILLED AMOUNT : \$17.78						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$14.00	\$14.00-16.35	MEAN PREVAILING CHARGE : \$20.00 CUSTOMARY CHARGE INTERVALS \$16.35-18.70	\$18.70-21.00	GT \$21.00	ALL MD'S
NUMBER OF PHYSICIANS						
PCT OF PHYSICIANS		3	2		1	6
CUM DISTN OF PHYSICIANS		50.0	33.3		16.6	100.0
		50.0	83.3		100.0	100.0
NUMBER OF SERVICES		16	13		2	31
PCT OF SERVICES		51.6	41.9		6.4	100.0
CUM DISTN OF SERVICES		51.6	93.5		100.0	100.0
EXPENDITURES						
PCT OF EXPENDITURES		172.00	187.20		32.00	391.20
CUM DISTN OF EXPENDITURES		43.5	47.8		8.1	100.0
		43.9	91.8		100.0	100.0
BILLED/REASONABLE		1.11	1.06		1.25	1.10
BILLED/CUSTOMARY		0.97	1.06		1.04	1.02
BILLED/PREVAILING		0.75	0.96		1.25	0.87
REDUCED CHARGES						
PCT OF SERVICES		18.7	30.7		100.0	29.0
AMOUNT REDUCED		25.03	16.00		10.00	51.03
ALL CLAIMS						
AVG AMT REDUCED		1.56	1.23		5.00	1.64
AVG PCT REDUCTION		10.4	6.4		20.0	9.4
REDUCED CLAIMS						
AVG AMT REDUCED		8.34	4.00		5.00	5.67
AVG PCT REDUCTION		44.1	18.1		20.0	26.2
MEAN CUSTOMARY CHARGE		15.40	18.00		24.00	17.04
STD. DEVIATION OF CUSTOMARY		.593	.000		.000	2.255

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : \$15.77 MEAN BILLED AMOUNT : \$17.42

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$20.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$14.00 \$14.00-16.35 \$16.35-18.70 \$18.70-21.00 GT \$21.00 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

2	1	1	4
50.0	25.0	25.0	100.0
50.0	75.0	100.0	100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

5	1	1	7
71.4	14.2	14.2	100.0
71.4	85.7	100.0	100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

60.00	14.40	16.00	90.40
66.3	15.9	17.6	100.0
66.3	82.2	100.0	100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.00	1.00	1.25	1.04
0.98	1.00	1.04	0.99
0.75	0.90	1.25	0.84

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

0.0	0.0	100.0	14.2
0.00	0.00	5.00	5.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

0.00	0.00	5.00	0.71
0.0	0.0	20.0	4.2

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

15.25	18.00	5.00	5.00
.512	.000	20.0	20.0

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

15.25	18.00	24.00	16.89
.512	.000	.000	3.082

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$24.00  
 MEAN REASONABLE AMOUNT : \$16.14 MEAN BILLED AMOUNT : \$16.85

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 20610 : ARTHROCENTESIS - MAJOR JOINT OR BURSA  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

	LE \$17.50	\$17.50-19.85	MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS \$19.85-22.20	\$22.20-24.50	GT \$24.50	ALL MD'S
NUMBER OF PHYSICIANS	4	6	4		3	17
PCT OF PHYSICIANS	23.5	35.2	23.5		17.6	100.0
CUM DISTRN OF PHYSICIANS	23.5	58.8	82.3		100.0	100.0
NUMBER OF SERVICES	6	20	11		6	43
PCT OF SERVICES	13.9	46.5	25.5		13.9	100.0
CUM DISTRN OF SERVICES	13.9	60.4	86.0		100.0	100.0
EXPENDITURES	74.00	291.84	186.40		120.00	672.24
PCT OF EXPENDITURES	11.0	43.4	27.7		17.8	100.0
CUM DISTRN OF EXPENDITURES	11.0	54.4	82.1		100.0	100.0
BILLED/REASONABLE	1.27	1.21	1.09		1.23	1.19
BILLED/CUSTOMARY	1.27	1.21	1.09		1.08	1.16
BILLED/PREVALING	0.78	0.98	0.93		1.23	0.93
REDUCED CHARGES						
PCT OF SERVICES	100.0	95.0	81.8		83.3	90.6
AMOUNT REDUCED	29.50	78.71	23.00		35.00	162.21
ALL CLAIMS						
AVG AMT REDUCED	4.25	3.93	2.09		5.83	3.77
AVG PCT REDUCTION	21.6	17.7	8.9		18.9	16.1
REDUCED CLAIMS						
AVG AMT REDUCED	4.25	4.14	2.55		7.00	4.15
AVG PCT REDUCTION	21.6	18.6	10.6		21.8	17.6
PCT OF SERVICES ASSIGNED	33.3	20.0	54.5		50.0	34.8
PCT OF EXPENDITURES ASSIGNED	32.4	19.9	54.5		50.0	36.2
PCT OF SERVICES MAND. ASSIGNED	16.6	5.0	27.2		33.3	16.2
PCT OF EXPEND. MAND. ASSIGNED	16.2	5.2	27.0		33.3	17.4
ASSIGNED CLAIMS						
PCT MAND. ASSIGNED	50.0	25.0	50.0		66.6	46.6
PCT EXPEND. MAND. ASSIGNED	50.0	26.0	49.6		66.6	48.2
MEAN CUSTOMARY CHARGE	15.41	18.24	21.18		28.33	20.00
STD. DEVIATION OF CUSTOMARY	.942	.416	.740		2.361	3.945

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$30.00  
 MEAN REASONABLE AMOUNT : \$19.54 MEAN BILLED AMOUNT : \$23.31

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$17.50	\$17.50-19.85	\$19.85-22.20	\$22.20-24.50	GT \$24.50	ALL MD'S
MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	3	5	4		1	13
PCT OF PHYSICIANS	23.0	38.4	30.7		7.6	100.0
CUM DISTRN OF PHYSICIANS	23.0	61.5	92.2		100.0	100.0
NUMBER OF SERVICES	4	16	5		3	28
PCT OF SERVICES	14.2	57.1	17.8		10.7	100.0
CUM DISTRN OF SERVICES	14.2	71.4	89.2		100.0	100.0
EXPENDITURES	50.00	233.52	84.80		60.00	428.32
PCT OF EXPENDITURES	11.6	54.5	19.7		14.0	100.0
CUM DISTRN OF EXPENDITURES	11.6	66.1	85.9		100.0	100.0
BILLED/REASONABLE	1.24	1.22	1.10		1.20	1.19
BILLED/CUSTOMARY	1.24	1.22	1.10		1.00	1.16
BILLED/PREVAILING	0.78	0.39	0.93		1.20	0.91
REDUCED CHARGES						
PCT OF SERVICES	100.0	100.0	80.0		100.0	96.4
AMOUNT REDUCED	15.50	64.60	11.00		15.00	106.10
ALL CLAIMS						
AVG AMT REDUCED	3.87	4.03	2.20		5.00	3.78
AVG PCT REDUCTION	19.8	18.1	9.4		16.6	16.5
REDUCED CLAIMS						
AVG AMT REDUCED	3.87	4.03	2.75		5.00	3.92
AVG PCT REDUCTION	19.8	18.1	11.3		16.6	17.0
MEAN CUSTOMARY CHARGE	15.62	13.24	21.20		30.00	19.65
STD. DEVIATION OF CUSTOMARY	1.002	.454	.748		.000	3.965

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$30.00  
 MEAN REASONABLE AMOUNT : \$19.12 MEAN BILLED AMOUNT : \$22.91

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 45300 : PROCTUSIGMIDOSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTUSIGMIDIOUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00 CUSTOMARY CHARGE INTERVALS				
		\$17.50-19.85	\$19.85-22.20	\$22.20-24.50	GT \$24.50	ALL MD'S
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS	1	2	4		3	10
	10.0	20.0	40.0		30.0	100.0
	10.0	30.0	70.0		100.0	100.0
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES	2	4	6		3	15
	13.3	26.6	40.0		20.0	100.0
	13.3	39.9	79.9		100.0	100.0
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES	24.00	58.32	101.60		60.00	243.92
	9.8	23.9	41.6		24.5	100.0
	9.8	33.7	75.3		100.0	100.0
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.33	1.19	1.09		1.26	1.18
	1.33	1.19	1.09		1.18	1.16
	0.80	0.87	0.92		1.26	0.96
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	75.0	83.3		66.6	80.0
	10.00	14.11	12.00		20.00	56.11
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	5.00	3.52	2.00		6.66	3.74
	25.0	16.2	8.6		21.0	15.5
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	5.00	4.70	2.40		10.00	4.67
	25.0	21.2	10.0		28.5	18.9
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	15.00	18.22	21.16		26.66	20.66
	.000	.389	.707		2.365	3.809

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$30.00  
 MEAN REASONABLE AMOUNT : \$20.32 MEAN BILLED AMOUNT : \$24.06

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTUSIGMIDIOUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTOSIGMGIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$25.00		CUSTOMARY CHARGE INTERVALS		GT \$24.50		ALL MD'S	
LE \$17.50		\$17.50-19.85		\$19.85-22.20		\$22.20-24.50			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTR OF PHYSICIANS	1	1	3					7	
	14.2	14.2	42.8				28.5	100.0	
	14.2	28.5	71.4				100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTR OF SERVICES	1	1	3				28.5	100.0	
	14.2	14.2	42.8				100.0	100.0	
	14.2	28.5	71.4						
EXPENDITURES PCT OF EXPENDITURES CUM DISTR OF EXPENDITURES	12.00	15.20	50.40				40.00	117.60	
	10.2	12.9	42.8				34.0	100.0	
	10.2	23.1	65.9				100.0	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVALING	1.33	1.05	1.06				1.10	1.10	
	1.33	1.05	1.06				1.00	1.06	
	0.80	0.80	0.69				1.10	0.92	
REDUCED CHARGES									
PCT OF SERVICES AMOUNT REDUCED	100.0	100.0	60.6				50.0	71.4	
	5.00	1.00	4.00				5.00	15.00	
ALL CLAIMS									
AVG AMT REDUCED AVG PCT REDUCTION	5.00	1.00	1.33				2.50	2.14	
	25.0	5.0	5.9				9.0	9.2	
REDUCED CLAIMS									
AVG AMT REDUCED AVG PCT REDUCTION	5.00	1.00	2.00				5.00	3.00	
	25.0	5.0	8.5				16.6	12.8	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	15.00	19.00	21.00				27.50	21.71	
	.000	.000	.816				2.500	4.400	
MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$30.00									
MEAN REASONABLE AMOUNT : \$21.00 MEAN BILLED AMOUNT : \$23.14									

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 45300 : PROCTOSIGMGIDUSCOPY  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00 CUSTOMARY CHARGE INTERVALS			
LE \$16.50	\$16.50-17.50	\$17.50-18.50	\$18.50-19.50
GT \$19.50	ALL MD'S		
NUMBER OF PHYSICIANS	1	1	1
PCT OF PHYSICIANS	100.0	100.0	100.0
CUM DISTRN OF PHYSICIANS	100.0	100.0	100.0
NUMBER OF SERVICES	21	21	21
PCT OF SERVICES	100.0	100.0	100.0
CUM DISTRN OF SERVICES	100.0	100.0	100.0
EXPENDITURES	352.80	352.80	352.80
PCT OF EXPENDITURES	100.0	100.0	100.0
CUM DISTRN OF EXPENDITURES	100.0	100.0	100.0
BILLED/REASONABLE	1.19	1.19	1.19
BILLED/CUSTOMARY	1.13	1.13	1.13
BILLED/PREVAILING	1.19	1.19	1.19
REDUCED CHARGES	100.0	100.0	100.0
PCT OF SERVICES	84.00	84.00	84.00
AMOUNT REDUCED	100.0	100.0	100.0
ALL CLAIMS	4.00	4.00	4.00
AVG AMT REDUCED	16.0	16.0	16.0
AVG PCT REDUCTION	4.00	4.00	4.00
REDUCED CLAIMS	16.0	16.0	16.0
AVG AMT REDUCED	76.1	76.1	76.1
AVG PCT REDUCTION	76.1	76.1	76.1
PCT OF SERVICES ASSIGNED	14.2	14.2	14.2
PCT OF EXPENDITURES ASSIGNED	14.2	14.2	14.2
PCT OF SERVICES HAND. ASSIGNED	14.2	14.2	14.2
PCT OF EXPEND. HAND. ASSIGNED	14.2	14.2	14.2
ASSIGNED CLAIMS	18.7	18.7	18.7
PCT HAND. ASSIGNED	18.7	18.7	18.7
PCT EXPEND. HAND. ASSIGNED	22.10	22.10	22.10
MEAN CUSTOMARY CHARGE	.000	.000	.000
STD. DEVIATION OF CUSTOMARY			

MINIMUM CUSTOMARY CHARGE : \$22.10  
 MEAN REASONABLE AMOUNT : \$21.00  
 MAXIMUM CUSTOMARY CHARGE : \$22.10  
 MEAN BILLED AMOUNT : \$25.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$16.50 \$16.50-17.50 \$17.50-18.50 \$18.50-19.50 GT \$19.50 ALL MD'S

NUMBER OF PHYSICIANS	1	1	1	1
PCT OF PHYSICIANS	100.0	100.0	100.0	100.0
CUM DISTR OF PHYSICIANS	100.0	100.0	100.0	100.0
NUMBER OF SERVICES	5	5	5	5
PCT OF SERVICES	100.0	100.0	100.0	100.0
CUM DISTR OF SERVICES	100.0	100.0	100.0	100.0
EXPENDITURES	84.00	84.00	84.00	84.00
PCT OF EXPENDITURES	100.0	100.0	100.0	100.0
CUM DISTR OF EXPENDITURES	100.0	100.0	100.0	100.0
BILLED/REASONABLE	1.19	1.19	1.19	1.19
BILLED/CUSTOMARY	1.13	1.13	1.13	1.13
BILLED/PREVAILING	1.19	1.19	1.19	1.19
REDUCED CHARGES	100.0	100.0	100.0	100.0
PCT OF SERVICES	20.00	20.00	20.00	20.00
AMOUNT REDUCED	20.00	20.00	20.00	20.00
ALL CLAIMS	4.00	4.00	4.00	4.00
AVG AMT REDUCED	16.0	16.0	16.0	16.0
AVG PCT REDUCTION	16.0	16.0	16.0	16.0
REDUCED CLAIMS	4.00	4.00	4.00	4.00
AVG AMT REDUCED	16.0	16.0	16.0	16.0
AVG PCT REDUCTION	16.0	16.0	16.0	16.0
MEAN CUSTOMARY CHARGE	22.10	22.10	22.10	22.10
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000

MINIMUM CUSTOMARY CHARGE : \$22.10  
 MAXIMUM CUSTOMARY CHARGE : \$22.10  
 MEAN REASONABLE AMOUNT : \$21.00  
 MEAN BILLED AMOUNT : \$25.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS

LE \$16.50 \$16.50-17.50 \$17.50-18.50 \$18.50-19.50 GT \$19.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTN OF PHYSICIANS

1  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTN OF SERVICES

16  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTN OF EXPENDITURES

268.80  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.19  
 1.13  
 1.19

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0  
 64.00

ALL CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

4.00  
 16.0

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

4.00  
 16.0

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

22.10  
 .000

MINIMUM CUSTOMARY CHARGE : \$22.10 MAXIMUM CUSTOMARY CHARGE : \$22.10  
 MEAN REASONABLE AMOUNT : \$21.00 MEAN BILLED AMOUNT : \$25.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

MEAN PREVAILING CHARGE : \$21.00  
 CUSTOMARY CHARGE INTERVALS  
 LE \$16.50 \$16.50-17.50 \$17.50-18.50 \$18.50-19.50 GT \$19.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTR OF PHYSICIANS

1  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTR OF SERVICES

3  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTR OF EXPENDITURES

50.40  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVALING

1.19  
 1.13  
 1.19

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

100.0  
 12.00

ALL CLAIMS

AVG AMT REDUCED

4.00

AVG PCT REDUCTION

16.0

REDUCED CLAIMS

AVG AMT REDUCED

4.00

AVG PCT REDUCTION

16.0

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

22.10  
 .000

MINIMUM CUSTOMARY CHARGE : \$22.10 MAXIMUM CUSTOMARY CHARGE : \$22.10  
 MEAN REASONABLE AMOUNT : \$21.00 MEAN BILLED AMOUNT : \$25.00

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 71020 : CHEST X-RAY - TWO VIEWS  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$4.00		CUSTOMARY CHARGE INTERVALS		GT \$4.75		ALL MD'S	
LE \$2.50		\$2.50-3.25		\$3.25-4.00		\$4.00-4.75			
NUMBER OF PHYSICIANS		10		11		2		26	
PCT OF PHYSICIANS		38.4		42.3		7.6		100.0	
CUM DISTRN OF PHYSICIANS		49.9		92.2		99.9		100.0	
NUMBER OF SERVICES		334		329		18		734	
PCT OF SERVICES		46.0		44.8		2.4		100.0	
CUM DISTRN OF SERVICES		52.7		97.5		99.9		100.0	
EXPENDITURES		811.20		1,037.20		57.60		1,997.20	
PCT OF EXPENDITURES		40.6		51.9		2.8		100.0	
CUM DISTRN OF EXPENDITURES		45.1		97.1		99.9		100.0	
BILLED/REASONABLE		1.25		1.09		1.03		1.16	
BILLED/CUSTOMARY		1.25		1.09		0.98		1.16	
BILLED/PREVAILING		0.94		1.07		1.03		0.98	
REDUCED CHARGES		89.9		46.5		16.6		67.0	
PCT OF SERVICES		258.45		121.79		2.32		405.98	
AMOUNT REDUCED									
ALL CLAIMS									
AVG AMT REDUCED		0.76		0.37		0.12		0.55	
AVG PCT REDUCTION		21.3		8.5		3.1		13.9	
REDUCED CLAIMS									
AVG AMT REDUCED		0.85		0.79		0.77		0.82	
AVG PCT REDUCTION		22.0		17.8		18.5		20.6	
PCT OF SERVICES ASSIGNED		50.2		42.2		77.7		45.0	
PCT OF EXPENDITURES ASSIGNED		50.2		42.5		77.7		45.5	
PCT OF SERVICES MAND. ASSIGNED		29.5		19.7		16.6		23.1	
PCT OF EXPEND. MAND. ASSIGNED		29.5		20.0		16.6		23.1	
ASSIGNED CLAIMS									
PCT MAND. ASSIGNED		58.8		46.7		21.4		51.3	
PCT EXPEND. MAND. ASSIGNED		58.8		47.1		21.4		50.7	
MEAN CUSTOMARY CHARGE		3.00		3.94		4.20		3.40	
STD. DEVIATION OF CUSTOMARY		.000		.176		.000		.559	

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.20  
 MEAN REASONABLE AMOUNT : \$3.40 MEAN BILLED AMOUNT : \$3.95

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$4.00		CUSTOMARY CHARGE INTERVALS		GT \$4.75		ALL MD'S	
		\$2.50-3.25		\$3.25-4.00		\$4.00-4.75			
LE \$2.50		9	10	2					
NUMBER OF PHYSICIANS	3	37.5	41.6	8.3				24	
PCT OF PHYSICIANS	12.5	50.0	91.6	99.9				100.0	
CUM DISTN OF PHYSICIANS	12.5							100.0	
NUMBER OF SERVICES	41	168	190	4				403	
PCT OF SERVICES	10.1	41.6	47.1	0.9				100.0	
CUM DISTN OF SERVICES	10.1	51.3	98.9	99.9				100.0	
EXPENDITURES	75.20	403.20	595.60	12.80				1,086.80	
PCT OF EXPENDITURES	6.9	37.0	54.8	1.1				100.0	
CUM DISTN OF EXPENDITURES	6.9	44.0	98.8	99.9				100.0	
BILLED/REASONABLE	1.15	1.31	1.08	1.02				1.17	
BILLED/CUSTOMARY	1.15	1.31	1.08	0.97				1.17	
BILLED/PREVAILING	0.66	0.98	1.06	1.02				0.98	
REDUCED CHARGES									
PCT OF SERVICES	58.5	85.1	45.2	50.0				63.2	
AMOUNT REDUCED	15.00	157.02	64.82	0.40				237.24	
ALL CLAIMS									
AVG AMT REDUCED	0.36	0.93	0.34	0.10				0.58	
AVG PCT REDUCTION	13.7	23.7	8.0	2.4				14.8	
REDUCED CLAIMS									
AVG AMT REDUCED	0.62	1.09	0.75	0.20				0.93	
AVG PCT REDUCTION	20.0	26.8	16.9	4.7				22.5	
MEAN CUSTOMARY CHARGE	2.29	3.00	3.91	4.20				3.37	
STD. DEVIATION OF CUSTOMARY	.251	.000	.192	.000				.593	

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.20  
 MEAN REASONABLE AMOUNT : \$3.37 MEAN BILLED AMOUNT : \$3.95

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$2.50	MEAN PREVAILING CHARGE : \$4.00	CUSTOMARY CHARGE INTERVALS	GT \$4.75	ALL MD'S
		\$2.50-3.25	\$3.25-4.00	\$4.00-4.75	
NUMBER OF PHYSICIANS	2	9	9	1	21
PCT OF PHYSICIANS	9.5	42.8	42.8	4.7	100.0
CUM DISTR OF PHYSICIANS	9.5	52.3	95.2	99.9	100.0
NUMBER OF SERVICES	8	170	139	14	331
PCT OF SERVICES	2.4	51.3	41.9	4.2	100.0
CUM DISTR OF SERVICES	2.4	53.7	95.7	99.9	100.0
EXPENDITURES	16.00	408.00	441.60	44.80	910.40
PCT OF EXPENDITURES	1.7	44.8	48.5	4.9	100.0
CUM DISTR OF EXPENDITURES	1.7	46.5	95.0	99.9	100.0
BILLED/REASONABLE	1.42	1.19	1.10	1.03	1.14
BILLED/CUSTOMARY	1.42	1.19	1.10	0.98	1.14
BILLED/PREVALING	0.89	0.89	1.09	1.03	0.98
REDUCED CHARGES					
PCT OF SERVICES	100.0	94.7	48.2	7.1	71.6
AMOUNT REDUCED	8.50	101.50	57.00	1.96	168.96
ALL CLAIMS					
AVG AAT REDUCED	1.06	0.59	0.41	0.14	0.51
AVG PCT REDUCTION	29.8	16.5	9.3	3.3	12.9
REDUCED CLAIMS					
AVG AAT REDUCED	1.06	0.63	0.85	1.96	0.71
AVG PCT REDUCTION	29.8	17.3	18.8	47.3	18.3
MEAN CUSTOMARY CHARGE	2.50	3.00	3.97	4.20	3.44
STD. DEVIATION OF CUSTOMARY	.000	.000	.122	.000	.522
MINIMUM CUSTOMARY CHARGE : \$2.00					
MEAN REASONABLE AMOUNT : \$3.43					
MAXIMUM CUSTOMARY CHARGE : \$4.20					
MEAN BILLED AMOUNT : \$3.94					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$2.50	\$2.50-3.25	MEAN PREVAILING CHARGE : \$4.00 CUSTOMARY CHARGE INTERVALS	\$3.25-4.00	\$4.00-4.75	GT \$4.75	ALL MD'S
NUMBER OF PHYSICIANS	2	8	8	1			19
PCT OF PHYSICIANS	10.5	42.1	42.1	5.2			100.0
CUM DISTRN OF PHYSICIANS	10.5	52.6	94.7	99.9			100.0
NUMBER OF SERVICES	2	100	65	3			170
PCT OF SERVICES	1.1	58.8	38.2	1.7			100.0
CUM DISTRN OF SERVICES	1.1	59.9	98.2	99.9			100.0
EXPENDITURES	4.00	240.00	208.00	9.60			461.60
PCT OF EXPENDITURES	0.8	51.9	45.0	2.0			100.0
CUM DISTRN OF EXPENDITURES	0.8	52.8	97.9	99.9			100.0
BILLED/REASONABLE	1.50	1.20	1.08	1.16			1.15
BILLED/CUSTOMARY	1.50	1.20	1.08	1.11			1.15
BILLED/PREVAILING	0.93	0.90	1.08	1.16			0.98
REDUCED CHARGES							
PCT OF SERVICES	100.0	97.0	35.3	33.3			72.3
AMOUNT REDUCED	2.50	62.00	22.92	2.01			89.43
ALL CLAIMS							
AVG AMT REDUCED	1.25	0.62	0.35	0.67			0.52
AVG PCT REDUCTION	33.3	17.1	8.1	14.3			13.4
REDUCED CLAIMS							
AVG AMT REDUCED	1.25	0.63	0.99	2.01			0.72
AVG PCT REDUCTION	33.3	17.5	21.5	43.0			18.9
MEAN CUSTOMARY CHARGE	2.50	3.00	4.00	4.20			3.39
STD. DEVIATION OF CUSTOMARY	.000	.000	.000	.000			.506

MINIMUM CUSTOMARY CHARGE : \$2.00 MAXIMUM CUSTOMARY CHARGE : \$4.20  
 MEAN REASONABLE AMOUNT : \$3.39 MEAN BILLED AMOUNT : \$3.92

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 81000 : URINALYSIS - COMPLETE  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$6.00		CUSTOMARY CHARGE INTERVALS		GT \$7.50		ALL MD'S	
		LE \$4.75	\$4.75-5.65	\$5.65-6.60	\$6.60-7.50				
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	4	3					8	
	12.5	50.0	37.5					100.0	
	12.5	62.5	100.0					100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	3	28	45					76	
	3.9	30.3	59.2					100.0	
	3.9	40.7	59.9					100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	6.00	112.80	213.68					332.48	
	1.8	33.9	64.2					100.0	
	1.8	35.7	99.9					100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.00	1.13	1.02					1.06	
	0.59	1.13	1.01					1.04	
	0.41	0.94	1.01					0.96	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	0.0	17.8	2.2					7.8	
	0.00	18.51	6.60					25.11	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	0.00	3.66	0.14					0.33	
	0.0	11.6	2.4					5.6	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION		3.70	6.60					4.18	
		64.4	104.7					71.7	
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES MAND. ASSIGNED PCT OF EXPEND. MAND. ASSIGNED	0.0	35.7	60.0					48.6	
	0.0	36.1	60.6					51.2	
	0.0	14.2	15.5					14.4	
	0.0	14.1	15.7					14.9	
ASSIGNED CLAIMS PCT MAND. ASSIGNED PCT EXPEND. MAND. ASSIGNED		40.0	25.9					29.7	
		39.2	25.5					29.1	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	4.20	5.03	6.00					5.57	
	.000	.152	.300					.550	

MINIMUM CUSTOMARY CHARGE : \$4.20 MAXIMUM CUSTOMARY CHARGE : \$6.00  
 MEAN REASONABLE AMOUNT : \$5.46 MEAN BILLED AMOUNT : \$5.79

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR

PROFILE AREA 04 : SACRAMENTO ET. AL.

SPECIALTY : INTERNIST

CLAIMTYPE : NON-ASSIGNED CLAIMS

YEAR : 1975

LE \$4.75	MEAN PREVAILING CHARGE : \$6.00	GT \$7.50	ALL MD'S
	CUSTOMARY CHARGE INTERVALS \$5.65-6.60		

NUMBER OF PHYSICIANS  
PCT OF PHYSICIANS  
CUM DISTRN OF PHYSICIANS

1  
16.6  
16.6

2  
33.3  
49.9

3  
50.0  
99.9

NUMBER OF SERVICES  
PCT OF SERVICES  
CUM DISTRN OF SERVICES

3  
7.6  
7.6

18  
46.1  
53.8

39  
100.0  
100.0

EXPENDITURES  
PCT OF EXPENDITURES  
CUM DISTRN OF EXPENDITURES

6.00  
3.7  
3.7

72.00  
44.4  
48.1

162.08  
100.0  
100.0

BILLED/REASONABLE  
BILLED/CUSTOMARY  
BILLED/PREVAILING

1.00  
0.59  
0.41

1.17  
1.17  
0.98

1.07  
1.03  
0.93

REDUCED CHARGES  
PCT OF SERVICES  
AMOUNT REDUCED

0.0  
0.00

16.6  
15.96

7.6  
15.96

ALL CLAIMS  
AVG AMT REDUCED  
AVG PCT REDUCTION

0.00  
0.0

0.08  
15.0

0.40  
7.3

REDUCED CLAIMS  
AVG AMT REDUCED  
AVG PCT REDUCTION

5.32  
89.8

5.32  
89.8

5.32  
89.8

MEAN CUSTOMARY CHARGE  
STD. DEVIATION OF CUSTOMARY

4.20  
.000

5.00  
.000

5.40  
.592

MINIMUM CUSTOMARY CHARGE : \$4.20 MAXIMUM CUSTOMARY CHARGE : \$6.00  
MEAN REASONABLE AMOUNT : \$5.19 MEAN BILLED AMOUNT : \$5.60

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR

PROFILE AREA 04 : SACRAMENTO ET. AL.

SPECIALTY : INTERNIST

CLAIMTYPE : NON-ASSIGNED CLAIMS

YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS

YEAR : 1975

LE \$4.75 MEAN PREVAILING CHARGE : \$6.00  
 CUSTUMARY CHARGE INTERVALS \$4.75-5.65 \$5.65-6.60 \$6.60-7.50 GT \$7.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

5  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

37  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

170.40  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.04  
 1.04  
 1.00

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

8.1  
 9.20

ALL CLAIMS

AVG AMT REDUCED  
 AVG PCT REDUCTION

0.24  
 4.1

REDUCED CLAIMS

AVG AMT REDUCED  
 AVG PCT REDUCTION

3.06  
 52.1

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

5.75  
 .423

MINIMUM CUSTOMARY CHARGE : \$4.20 MAXIMUM CUSTOMARY CHARGE : \$6.00  
 MEAN REASONABLE AMOUNT : \$5.75 MEAN BILLED AMOUNT : \$5.90

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS

YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

LE \$4.75 MEAN PREVAILING CHARGE : \$6.00  
 CUSTOMARY CHARGE INTERVALS \$5.65-6.60 GT \$7.50 ALL MD'S

NUMBER OF PHYSICIANS  
 PCT OF PHYSICIANS  
 CUM DISTRN OF PHYSICIANS

3  
 100.0  
 100.0

NUMBER OF SERVICES  
 PCT OF SERVICES  
 CUM DISTRN OF SERVICES

11  
 100.0  
 100.0

EXPENDITURES  
 PCT OF EXPENDITURES  
 CUM DISTRN OF EXPENDITURES

49.60  
 100.0  
 100.0

BILLED/REASONABLE  
 BILLED/CUSTOMARY  
 BILLED/PREVAILING

1.10  
 1.10  
 1.03

REDUCED CHARGES  
 PCT OF SERVICES  
 AMOUNT REDUCED

9.0  
 6.52

ALL CLAIMS

AVG AMT REDUCED  
 AVG PCT REDUCTION

0.59  
 9.5

REDUCED CLAIMS  
 AVG AMT REDUCED  
 AVG PCT REDUCTION

6.52  
 85.4

MEAN CUSTOMARY CHARGE  
 STD. DEVIATION OF CUSTOMARY

5.63  
 .485

MINIMUM CUSTOMARY CHARGE : \$4.20 MAXIMUM CUSTOMARY CHARGE : \$6.00  
 MEAN REASONABLE AMOUNT : \$5.63 MEAN BILLED AMOUNT : \$6.22

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 84330 : BLOOD SUGAR  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$8.50		CUSTOMARY CHARGE INTERVALS		GT \$12.00		ALL MD'S	
LE \$7.50		\$7.50-9.00		\$9.00-10.50		\$10.50-12.00			
NUMBER OF PHYSICIANS		4		8		18		1	
PCT OF PHYSICIANS		12.9		25.8		58.0		3.2	
CUM DISTRN OF PHYSICIANS		12.9		38.7		96.7		99.9	
31									
NUMBER OF SERVICES		192		643		277		7	
PCT OF SERVICES		17.1		57.5		24.7		0.6	
CUM DISTRN OF SERVICES		17.1		74.6		99.3		99.9	
1,121									
EXPENDITURES		1,074.30		4,308.08		1,848.22		46.42	
PCT OF EXPENDITURES		14.7		59.2		25.3		0.6	
CUM DISTRN OF EXPENDITURES		14.7		73.9		99.3		99.9	
7,277.03									
BILLED/REASONABLE		1.14		1.10		1.22		1.31	
BILLED/CUSTOMARY		1.14		1.10		1.02		0.98	
BILLED/PREPREVAILING		0.94		1.03		1.20		1.27	
1.14									
REDUCED CHARGES		98.4		99.6		75.8		57.1	
PCT OF SERVICES		196.12		559.73		529.21		17.99	
AMOUNT REDUCED									
93.3									
1,303.05									
ALL CLAIMS		1.02		0.86		1.91		2.57	
AVG AMT REDUCED		12.7		9.4		18.6		23.6	
AVG PCT REDUCTION									
1.16									
12.5									
REDUCED CLAIMS		1.03		0.87		2.52		4.49	
AVG AMT REDUCED		12.9		9.4		23.3		41.4	
AVG PCT REDUCTION									
1.24									
13.3									
PCT OF SERVICES ASSIGNED		49.4		12.7		23.4		0.0	
PCT OF EXPENDITURES ASSIGNED		49.5		12.7		22.3		0.0	
PCT OF SERVICES MAND. ASSIGNED		28.1		4.4		10.1		0.0	
PCT OF EXPEND. MAND. ASSIGNED		28.1		4.5		9.4		0.0	
21.5									
20.5									
9.9									
9.2									
ASSIGNED CLAIMS		56.8		35.3		43.0		45.8	
PCT MAND. ASSIGNED		56.8		35.4		42.1		44.9	
PCT EXPEND. MAND. ASSIGNED									
MEAN CUSTOMARY CHARGE		6.99		8.35		10.01		11.00	
STD. DEVIATION OF CUSTOMARY		.118		.190		.122		.000	
8.55									
1.013									

MINIMUM CUSTOMARY CHARGE : \$6.00 MAXIMUM CUSTOMARY CHARGE : \$11.00  
 MEAN REASONABLE AMOUNT : \$8.11 MEAN BILLED AMOUNT : \$9.27

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	MEAN PREVAILING CHARGE : \$8.50				ALL MD'S
	CUSTOMARY CHARGE INTERVALS				
	LE \$7.50	\$7.50-9.00	\$9.00-10.50	\$10.50-12.00	GT \$12.00
NUMBER OF PHYSICIANS	3	8	16	1	28
PCT OF PHYSICIANS	10.7	28.0	57.1	3.5	100.0
CUM DISTRN OF PHYSICIANS	10.7	39.2	96.4	99.9	100.0
NUMBER OF SERVICES	97	563	212	7	879
PCT OF SERVICES	11.0	64.0	24.1	0.7	100.0
CUM DISTRN OF SERVICES	11.0	75.0	99.1	99.9	100.0
EXPENDITURES	542.30	3,753.40	1,436.09	46.42	5,783.23
PCT OF EXPENDITURES	9.3	64.9	24.8	0.3	100.0
CUM DISTRN OF EXPENDITURES	9.3	74.3	99.1	99.9	100.0
BILLED/REASONABLE	1.15	1.10	1.27	1.31	1.15
BILLED/CUSTOMARY	1.15	1.10	1.08	0.98	1.10
BILLED/PREVAILING	0.94	1.08	1.27	1.27	1.11
REDUCED CHARGES					
PCT OF SERVICES	97.9	99.5	93.8	57.1	97.7
AMOUNT REDUCED	102.12	504.17	501.34	17.99	1,125.62
ALL CLAIMS					
AVG AMT REDUCED	1.05	0.89	2.36	2.57	1.28
AVG PCT REDUCTION	13.0	9.6	21.5	23.6	13.4
REDUCED CLAIMS					
AVG AMT REDUCED	1.07	0.89	2.51	4.49	1.31
AVG PCT REDUCTION	13.2	9.7	23.1	41.4	13.7
MEAN CUSTOMARY CHARGE	6.98	8.35	10.01	11.00	8.62
STDEV. DEVIATION OF CUSTOMARY	.173	.212	.095	.000	.943

MINIMUM CUSTOMARY CHARGE : \$6.00 MAXIMUM CUSTOMARY CHARGE : \$11.00  
 MEAN REASONABLE AMOUNT : \$8.22 MEAN BILLED AMOUNT : \$9.50

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$7.50	MEAN PREVAILING CHARGE : \$8.50	CUSTOMARY CHARGE INTERVALS	GT \$12.00	ALL MD'S
		\$7.50-9.00	\$9.00-10.50	\$10.50-12.00	
NUMBER OF PHYSICIANS	2	4	8		14
PCT OF PHYSICIANS	14.2	28.5	57.1		100.0
CUM DISTRN OF PHYSICIANS	14.2	42.8	99.9		100.0
NUMBER OF SERVICES	95	82	65		242
PCT OF SERVICES	39.2	33.8	26.8		100.0
CUM DISTRN OF SERVICES	39.2	73.1	99.9		100.0
EXPENDITURES	532.00	549.68	412.80		1,494.48
PCT OF EXPENDITURES	35.5	36.7	27.6		100.0
CUM DISTRN OF EXPENDITURES	35.5	72.3	99.9		100.0
BILLED/REASONABLE	1.14	1.08	1.05		1.09
BILLED/CUSTOMARY	1.14	1.08	0.83		1.02
BILLED/PREVAILING	0.93	1.07	0.98		0.99
REDUCED CHARGES					
PCT OF SERVICES	98.9	100.0	16.9		77.2
AMOUNT REDUCED	94.00	59.90	28.01		181.91
ALL CLAIMS					
AVG AMT REDUCED	0.98	0.73	0.43		0.75
AVG PCT REDUCTION	12.3	8.0	5.1		8.8
REDUCED CLAIMS					
AVG AMT REDUCED	1.00	0.73	2.54		0.97
AVG PCT REDUCTION	12.5	8.0	23.0		11.2
MEAN CUSTOMARY CHARGE	7.00	8.37	10.01		8.27
STD. DEVIATION OF CUSTOMARY	.000	.138	.122		1.211
MINIMUM CUSTOMARY CHARGE : \$6.00					
MEAN REASONABLE AMOUNT : \$7.71					
MAXIMUM CUSTOMARY CHARGE : \$11.00					
MEAN BILLED AMOUNT : \$8.47					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$7.50	MEAN PREVAILING CHARGE : \$8.50	CUSTOMARY CHARGE INTERVALS	GT \$12.00	ALL MD'S
		\$7.50-9.00	\$9.00-10.50	\$10.50-12.00	
NUMBER OF PHYSICIANS	2	3	6		11
PCT OF PHYSICIANS	18.1	27.2	54.5		100.0
CUM DISTRN OF PHYSICIANS	18.1	45.4	99.9		100.0
NUMBER OF SERVICES	54	29	28		111
PCT OF SERVICES	48.6	26.1	25.2		100.0
CUM DISTRN OF SERVICES	48.6	74.7	99.9		100.0
EXPENDITURES	302.40	194.30	174.00		671.20
PCT OF EXPENDITURES	45.0	29.0	25.9		100.0
CUM DISTRN OF EXPENDITURES	45.0	74.0	99.9		100.0
BILLED/REASONABLE	1.14	1.08	1.03		1.09
BILLED/CUSTOMARY	1.14	1.08	0.80		1.02
BILLED/PREVAILING	0.93	1.07	0.94		0.97
REDUCED CHARGES					
PCT OF SERVICES	98.1	100.0	10.7		76.5
AMOUNT REDUCED	53.00	20.50	8.50		82.00
ALL CLAIMS					
AVG AMT REDUCED	0.98	0.70	0.30		0.73
AVG PCT REDUCTION	12.2	7.7	3.7		8.9
REDUCED CLAIMS					
AVG AMT REDUCED	1.00	0.70	2.83		0.96
AVG PCT REDUCTION	12.5	7.7	25.0		11.3
MEAN CUSTOMARY CHARGE	7.30	8.39	10.00		8.12
STD. DEVIATION OF CUSTOMARY	.000	.122	.000		1.238

MINIMUM CUSTOMARY CHARGE : \$6.00 MAXIMUM CUSTOMARY CHARGE : \$11.00  
 MEAN REASONABLE AMOUNT : \$7.55 MEAN BILLED AMOUNT : \$8.29

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90040 : OFFICE VISIT - BRIEF - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$13.50		ALL MD'S	
		LE \$9.50	\$9.50-10.85	\$10.85-12.20	\$12.20-13.50				
NUMBER OF PHYSICIANS	5		22	8		1		36	
	13.8		61.1	22.2		2.7		100.0	
	13.8		74.9	97.2		100.0		100.0	
NUMBER OF SERVICES	822		4,058	574		1		5,455	
	15.0		74.3	10.5		0.0		100.0	
	15.0		99.4	99.9		100.0		100.0	
EXPENDITURES	5,882.80		32,585.51	5,394.81		6.40		43,865.52	
	13.4		74.2	12.2		0.0		100.0	
	13.4		87.5	99.9		100.0		100.0	
BILLED/REASONABLE	1.26		1.21	1.08		1.00		1.20	
	1.26		1.20	1.08		0.42		1.20	
	0.87		0.93	0.98		0.61		0.93	
REDUCED CHARGES	98.9		92.8	79.6		0.0		92.3	
	1,957.26		8,578.33	606.28		0.00		11,141.87	
ALL CLAIMS	2.38		2.11	1.05		0.00		2.04	
	21.0		17.3	8.2		0.0		16.8	
REDUCED CLAIMS	2.40		2.27	1.32				2.21	
	21.2		18.5	10.1				18.1	
PCT OF SERVICES ASSIGNED	39.9		44.3	68.9		0.0		46.2	
	39.6		44.4	69.6		0.0		46.8	
	15.0		17.3	19.3		0.0		17.2	
PCT OF EXPEND. MAND. ASSIGNED	14.9		17.3	19.3		0.0		17.3	
ASSIGNED CLAIMS	37.8		39.1	28.0				37.2	
	37.0		35.1	27.8				36.9	
MEAN CUSTOMARY CHARGE	8.94		10.04	11.75		18.75		10.05	
	.401		.179	.438		.000		.749	
		MINIMUM CUSTOMARY CHARGE : \$8.50		MAXIMUM CUSTOMARY CHARGE : \$18.75					
		MEAN REASONABLE AMOUNT : \$10.05		MEAN BILLED AMOUNT : \$12.09					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$13.50		ALL MD'S	
LE \$9.50		\$9.50-10.85		\$10.85-12.20		\$12.20-13.50			
NUMBER OF PHYSICIANS	5	21	7						
PCT OF PHYSICIANS	14.7	61.7	20.5				1		34
CUM DISTRN OF PHYSICIANS	14.7	76.4	97.0				2.9		100.0
							100.0		100.0
NUMBER OF SERVICES	494	2,259	178				1		2,932
PCT OF SERVICES	16.3	77.0	6.0				0.0		100.0
CUM DISTRN OF SERVICES	16.8	93.8	99.9				100.0		100.0
EXPENDITURES	3,552.00	18,119.20	1,637.12				6.40		23,314.72
PCT OF EXPENDITURES	15.2	77.7	7.0				0.0		100.0
CUM DISTRN OF EXPENDITURES	15.2	92.9	99.9				100.0		100.0
BILLED/REASONABLE	1.28	1.21	1.07				1.00		1.21
BILLED/CUSTOMARY	1.28	1.21	1.07				0.42		1.21
BILLED/PREVAILING	0.88	0.93	0.95				0.61		0.92
REDUCED CHARGES									
PCT OF SERVICES	98.5	94.7	87.6				0.0		94.9
AMOUNT REDUCED	1,255.29	4,875.73	158.10				0.00		6,289.12
ALL CLAIMS									
AVG AMT REDUCED	2.54	2.15	0.88				0.00		2.14
AVG PCT REDUCTION	22.0	17.7	7.1				0.0		17.7
REDUCED CLAIMS									
AVG AMT REDUCED	2.57	2.27	1.01						2.25
AVG PCT REDUCTION	22.3	18.5	8.1						18.6
MEAN CUSTOMARY CHARGE	8.98	10.02	11.51				18.75		9.94
STD. DEVIATION OF CUSTOMARY	.366	.118	.511				.000		.624
MINIMUM CUSTOMARY CHARGE : \$8.50 MAXIMUM CUSTOMARY CHARGE : \$18.75									
MEAN REASONABLE AMOUNT : \$9.93 MEAN BILLED AMOUNT : \$12.08									

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$13.50		ALL MD'S	
		LE \$9.50		\$9.50-10.85	\$10.85-12.20	\$12.20-13.50			
NUMBER OF PHYSICIANS		5	23	7				32	
PCT OF PHYSICIANS		15.6	62.5	21.8				100.0	
CUM DISTRN OF PHYSICIANS		15.6	78.1	99.9				100.0	
NUMBER OF SERVICES		328	1,799	396				2,523	
PCT OF SERVICES		13.0	71.3	15.6				100.0	
CUM DISTRN OF SERVICES		13.0	84.3	99.9				100.0	
EXPENDITURES		2,330.80	14,472.24	3,757.92				20,560.96	
PCT OF EXPENDITURES		11.3	70.3	18.2				100.0	
CUM DISTRN OF EXPENDITURES		11.3	81.7	99.9				100.0	
BILLED/REASONABLE		1.24	1.20	1.09				1.18	
BILLED/CUSTOMARY		1.24	1.20	1.09				1.18	
BILLED/PREVAILING		0.84	0.93	0.99				0.93	
REDUCED CHARGES		99.3	90.3	76.0				89.2	
PCT OF SERVICES		705.83	3,709.51	448.20				4,863.54	
AMOUNT REDUCED									
ALL CLAIMS									
AVG AMT REDUCED		2.15	2.06	1.13				1.92	
AVG PCT REDUCTION		19.5	17.9	8.7				15.9	
REDUCED CLAIMS									
AVG AMT REDUCED		2.16	2.28	1.48				2.15	
AVG PCT REDUCTION		19.6	18.5	11.1				17.5	
MEAN CUSTOMARY CHARGE		8.88	10.96	11.86				10.19	
STD. DEVIATION OF CUSTOMARY		.437	.190	.346				.860	
MINIMUM CUSTOMARY CHARGE : \$8.50									
MEAN REASONABLE AMOUNT : \$10.18									
MAXIMUM CUSTOMARY CHARGE : \$18.75									
MEAN BILLED AMOUNT : \$12.11									

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$13.00		CUSTOMARY CHARGE INTERVALS		GT \$13.50		ALL MD'S	
LE \$9.50		\$9.50-10.65		\$10.85-12.20		\$12.20-13.50			
NUMBER OF PHYSICIANS		2.0		6				31	
PCT OF PHYSICIANS		64.5		19.3				100.0	
CUM DISTRN OF PHYSICIANS		80.6		99.9				100.0	
NUMBER OF SERVICES		705		111				940	
PCT OF SERVICES		75.0		11.8				100.0	
CUM DISTRN OF SERVICES		88.1		99.9				100.0	
EXPENDITURES		5,660.76		1,045.60				7,590.36	
PCT OF EXPENDITURES		74.6		13.7				100.0	
CUM DISTRN OF EXPENDITURES		86.2		99.9				100.0	
BILLED/REASONABLE		1.20		1.07				1.19	
BILLED/CUSTOMARY		1.20		1.07				1.18	
BILLED/PREVAILING		0.93		0.97				0.92	
REDUCED CHARGES		92.6		75.6				91.5	
PCT OF SERVICES		1,468.06		104.00				1,805.06	
AMOUNT REDUCED									
ALL CLAIMS		1.87		2.08				1.92	
AVG AMT REDUCED		17.5		17.1				15.9	
AVG PCT REDUCTION									
REDUCED CLAIMS		1.87		2.24				2.09	
AVG AMT REDUCED		17.5		18.3				17.2	
AVG PCT REDUCTION									
MEAN CUSTOMARY CHARGE		8.85		10.05				10.09	
STD. DEVIATION OF CUSTOMARY		.437		.217				.782	
MINIMUM CUSTOMARY CHARGE : \$8.50		MAXIMUM CUSTOMARY CHARGE : \$18.75							
MEAN REASONABLE AMOUNT : \$10.09		MEAN BILLED AMOUNT : \$12.01							

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90050 : OFFICE VISIT - LIMITED - ESTABLISHED PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$16.00					
		CUSTOMARY CHARGE INTERVALS					
		\$10.00-12.50	\$12.50-15.00	\$15.00-17.50	GT \$17.50	ALL MD'S	
LE \$10.00							
NUMBER OF PHYSICIANS	7	5	9	3	1	25	
PCT OF PHYSICIANS	28.0	20.0	36.0	12.0	4.0	100.0	
CUM DISTRN OF PHYSICIANS	28.0	48.0	84.0	96.0	100.0	100.0	
NUMBER OF SERVICES	320	289	86	22	1	718	
PCT OF SERVICES	44.5	40.2	11.9	3.0	0.1	100.0	
CUM DISTRN OF SERVICES	44.5	84.8	96.7	99.8	100.0	100.0	
EXPENDITURES	2,560.00	2,772.00	978.88	280.80	12.80	6,604.48	
PCT OF EXPENDITURES	38.7	41.9	14.8	4.2	0.1	100.0	
CUM DISTRN OF EXPENDITURES	38.7	80.7	95.5	99.8	100.0	100.0	
BILLED/REASONABLE	1.19	1.02	1.07	1.00	1.40	1.09	
BILLED/CUSTOMARY	1.19	1.02	1.07	0.99	1.12	1.09	
BILLED/PREVAILING	0.74	0.76	0.95	0.99	1.40	0.78	
REDUCED CHARGES							
PCT OF SERVICES	74.0	7.2	82.5	0.0	100.0	45.9	
AMOUNT REDUCED	612.33	77.51	94.87	0.00	6.50	791.21	
ALL CLAIMS							
AVG AMT REDUCED	1.91	0.26	1.10	0.00	6.50	1.10	
AVG PCT REDUCTION	16.0	2.1	7.1	0.0	28.8	8.7	
REDUCED CLAIMS							
AVG AMT REDUCED	2.56	3.69	1.33		6.50	2.39	
AVG PCT REDUCTION	20.8	23.9	8.6		28.8	18.0	
PCT OF SERVICES ASSIGNED	36.2	92.7	22.0	31.8	0.0	57.1	
PCT OF EXPENDITURES ASSIGNED	36.2	92.8	22.5	31.9	0.0	57.7	
PCT OF SERVICES MAND. ASSIGNED	20.9	14.1	8.1	4.5	0.0	16.1	
PCT OF EXPEND. MAND. ASSIGNED	20.9	14.1	8.0	4.5	0.0	15.4	
ASSIGNED CLAIMS							
PCT MAND. ASSIGNED	57.7	15.2	36.8	14.2		28.2	
PCT EXPEND. MAND. ASSIGNED	57.7	15.2	35.8	14.2		26.8	
MEAN CUSTOMARY CHARGE	10.00	11.94	14.23	16.00	20.00	11.50	
STD. DEVIATION OF CUSTOMARY	.000	.173	.462	.000	.000	1.662	

MINIMUM CUSTOMARY CHARGE : \$10.00  
 MEAN REASONABLE AMOUNT : \$11.49  
 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN BILLED AMOUNT : \$12.60

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$10.00	\$10.00-12.50	\$12.50-15.00	\$15.00-17.50	GT \$17.50	ALL MD'S
MEAN PREVAILING CHARGE : \$16.00						
CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	7	4	7	3	1	22
PCT OF PHYSICIANS	31.8	18.1	31.8	13.6	4.5	100.0
CUM DISTRN OF PHYSICIANS	31.8	49.9	81.8	95.4	100.0	100.0
NUMBER OF SERVICES	204	21	67	15	1	308
PCT OF SERVICES	66.2	6.8	21.7	4.8	0.3	100.0
CUM DISTRN OF SERVICES	66.2	73.0	94.7	99.6	100.0	100.0
EXPENDITURES	1,632.00	199.20	758.09	191.20	12.80	2,793.29
PCT OF EXPENDITURES	58.4	7.1	27.1	6.8	0.4	100.0
CUM DISTRN OF EXPENDITURES	58.4	65.5	92.6	99.5	100.0	100.0
BILLED/REASONABLE	1.23	1.29	1.08	1.00	1.40	1.18
BILLED/CUSTOMARY	1.23	1.29	1.08	0.99	1.12	1.18
BILLED/PREVAILING	0.77	0.96	0.95	0.99	1.40	0.83
REDUCED CHARGES						
PCT OF SERVICES	87.7	95.2	88.0	0.0	100.0	84.0
AMOUNT REDUCED	481.16	74.52	80.88	0.00	6.50	643.06
ALL CLAIMS						
AVG AMT REDUCED	2.35	3.54	1.20	0.00	6.50	2.08
AVG PCT REDUCTION	19.0	23.0	7.8	0.0	28.8	15.5
REDUCED CLAIMS						
AVG AMT REDUCED	2.68	3.72	1.37	6.50	2.48	2.48
AVG PCT REDUCTION	21.3	24.1	8.9	28.8	18.4	18.4
MEAN CUSTOMARY CHARGE	10.00	11.85	14.15	16.00	20.00	11.35
STD. DEVIATION OF CUSTOMARY	.000	.444	.407	.000	.000	2.068
MINIMUM CUSTOMARY CHARGE : \$10.00						
MAXIMUM CUSTOMARY CHARGE : \$20.00						
MEAN REASONABLE AMOUNT : \$11.33						
MEAN BILLED AMOUNT : \$13.42						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$16.00				
		CUSTOMARY CHARGE INTERVALS				
LE	\$10.00	\$10.00-12.50	\$12.50-15.00	\$15.00-17.50	GT \$17.50	ALL MD'S
NUMBER OF PHYSICIANS						
	5	2	6	1		14
PCT OF PHYSICIANS	35.7	14.2	42.8	7.1		100.0
CUM DISTRN OF PHYSICIANS	35.7	49.9	92.8	99.9		100.0
NUMBER OF SERVICES						
	116	268	19	7		410
PCT OF SERVICES	28.2	65.3	4.6	1.7		100.0
CUM DISTRN OF SERVICES	28.2	93.6	98.2	99.9		100.0
EXPENDITURES						
	528.00	2,572.80	220.80	89.60		3,811.20
PCT OF EXPENDITURES	24.3	67.5	5.7	2.3		100.0
CUM DISTRN OF EXPENDITURES	24.3	91.8	97.6	99.9		100.0
BILLED/REASONABLE						
	1.11	1.00	1.05	1.00		1.03
BILLED/CUSTOMARY	1.11	1.00	1.05	1.00		1.03
BILLED/PREVAILING	0.69	0.75	0.95	1.00		0.74
REDUCED CHARGES						
	50.0	0.3	63.1	0.0		17.3
PCT OF SERVICES	131.97	3.00	14.00	0.00		148.97
ALL CLAIMS						
	1.13	0.01	0.73	0.00		9.36
AVG AMT REDUCED	10.2	0.0	4.8	0.0		3.0
REDUCED CLAIMS						
	2.27	3.00	1.16			2.09
AVG AMT REDUCED	19.0	20.0	7.5			16.7
MEAN CUSTOMARY CHARGE						
	10.00	12.00	14.52	16.00		11.61
STD. DEVIATION OF CUSTOMARY	.000	.000	.508	.000		1.257
MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00						
MEAN REASONABLE AMOUNT : \$11.61 MEAN BILLED AMOUNT : \$11.98						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$10.00	\$10.00-12.50	\$12.50-15.00	\$15.00-17.50	GT \$17.50	ALL MD'S
MEAN PREVAILING CHARGE : \$16.00 CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	5	2	2	1		10
PCT OF PHYSICIANS	50.0	20.0	20.0	10.0		100.0
CUM DISTRN OF PHYSICIANS	50.0	70.0	90.0	100.0		100.0
NUMBER OF SERVICES	67	41	7	1		116
PCT OF SERVICES	57.7	35.3	6.0	0.8		100.0
CUM DISTRN OF SERVICES	57.7	93.0	99.1	99.9		100.0
EXPENDITURES	536.00	393.60	79.20	12.80		1,021.60
PCT OF EXPENDITURES	52.4	38.5	7.7	1.2		100.0
CUM DISTRN OF EXPENDITURES	52.4	90.9	98.7	99.9		100.0
BILLED/REASONABLE	1.09	1.01	1.06	1.00		1.05
BILLED/CUSTOMARY	1.09	1.01	1.06	1.00		1.05
BILLED/PREVAILING	0.68	0.75	0.93	1.00		0.72
REDUCED CHARGES						
PCT OF SERVICES	38.8	4.8	85.7	0.0		29.3
AMOUNT REDUCED	62.00	6.00	6.00	0.00		74.00
ALL CLAIMS						
AVG AMT REDUCED	0.92	0.14	0.85	0.00		0.63
AVG PCT REDUCTION	8.4	1.2	5.7	0.0		5.4
REDUCED CLAIMS						
AVG AMT REDUCED	2.38	3.00	1.00			2.17
AVG PCT REDUCTION	19.5	20.0	6.6			16.9
MEAN CUSTOMARY CHARGE	10.00	12.00	14.14	16.00		11.00
STD. DEVIATION OF CUSTOMARY	.000	.000	.382	.000		1.328
MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00 MEAN REASONABLE AMOUNT : \$11.00 MEAN BILLED AMOUNT : \$11.64						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90060 : OFFICE VISIT - INTERMEDIATE - EST. PATIENT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS				GT \$12.50	ALL MD'S
LE \$7.50		\$7.50-9.15	\$9.15-10.80	\$10.80-12.50			
NUMBER OF PHYSICIANS	2	4	5	6	2	19	
PCT OF PHYSICIANS	10.5	21.0	26.3	31.5	10.5	100.0	
CUM DISTRN OF PHYSICIANS	10.5	31.5	57.8	89.4	100.0	100.0	
NUMBER OF SERVICES	293	430	91	62	14	890	
PCT OF SERVICES	32.9	48.3	10.2	6.9	1.5	100.0	
CUM DISTRN OF SERVICES	32.9	81.2	91.4	98.4	100.0	100.0	
EXPENDITURES	1,640.80	2,899.61	705.60	491.17	112.00	5,849.19	
PCT OF EXPENDITURES	28.0	49.5	12.0	8.3	1.9	100.0	
CUM DISTRN OF EXPENDITURES	28.0	77.6	89.6	98.0	100.0	100.0	
BILLED/REASONABLE	1.14	1.42	1.12	1.61	1.34	1.32	
BILLED/CUSTOMARY	1.14	1.42	1.08	1.33	0.90	1.28	
BILLED/PREVAILING	0.80	1.20	1.09	1.59	1.34	1.08	
REDUCED CHARGES	98.9	100.0	46.1	96.7	100.0	93.9	
PCT OF SERVICES	304.50	1,540.35	110.42	378.02	47.96	2,381.79	
AMOUNT REDUCED							
ALL CLAIMS							
AVG AMT REDUCED	1.03	3.58	1.21	6.09	3.42	2.67	
AVG PCT REDUCTION	12.9	29.8	11.1	38.1	25.5	24.5	
REDUCED CLAIMS							
AVG AMT REDUCED	1.05	3.58	2.62	6.30	3.42	2.84	
AVG PCT REDUCTION	13.0	29.8	21.7	39.1	25.5	26.0	
PCT OF SERVICES ASSIGNED	43.0	53.7	82.4	32.2	0.0	50.7	
PCT OF EXPENDITURES ASSIGNED	43.0	53.7	81.8	32.5	0.0	51.3	
PCT OF SERVICES MAND. ASSIGNED	16.3	30.9	7.6	0.0	0.0	21.1	
PCT OF EXPEND. MAND. ASSIGNED	16.3	30.9	6.3	0.0	0.0	20.6	
ASSIGNED CLAIMS							
PCT MAND. ASSIGNED	38.0	57.5	9.3	0.0		41.5	
PCT EXPEND. MAND. ASSIGNED	38.0	57.5	7.7	0.0		40.3	
MEAN CUSTOMARY CHARGE	7.00	8.42	10.07	12.00	14.85	8.47	
STD. DEVIATION OF CUSTOMARY	.000	.095	.197	.000	.355	1.581	

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$15.00  
 MEAN REASONABLE AMOUNT : \$9.21 MEAN BILLED AMOUNT : \$10.89

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS \$9.15-10.80		GT \$12.50		ALL MD'S	
LE \$7.50		\$7.50-9.15		\$10.80-12.50			
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	1	2	3	5	2	13	
	7.6	15.3	23.0	38.4	15.3	100.0	
	7.6	23.0	46.1	84.6	100.0	100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	167	199	16	42	14	438	
	38.1	45.4	3.6	9.5	3.1	100.0	
	38.1	83.5	87.2	96.7	100.0	100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	935.20	1,341.12	128.00	331.17	112.00	2,847.49	
	32.8	47.0	4.4	11.6	3.9	100.0	
	32.8	79.9	84.4	96.0	100.0	100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.15	1.42	1.33	1.68	1.34	1.35	
	1.15	1.42	1.29	1.38	0.90	1.29	
	0.80	1.19	1.33	1.66	1.34	1.10	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	100.0	100.0	75.0	95.2	100.0	98.6	
	175.35	705.56	54.00	284.02	47.96	1,266.89	
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.05	3.54	3.37	6.76	3.42	2.89	
	13.0	29.6	25.2	40.6	25.5	26.2	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	1.05	3.54	4.50	7.10	3.42	2.93	
	13.0	29.6	31.0	42.2	25.5	26.6	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	7.00	3.42	10.31	12.00	14.85	8.49	
	.000	.055	.261	.000	.355	1.861	
MINIMUM CUSTOMARY CHARGE : \$7.00		MAXIMUM CUSTOMARY CHARGE : \$15.00					
MEAN REASONABLE AMOUNT : \$8.12		MEAN BILLED AMOUNT : \$11.01					

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$10.00		CUSTOMARY CHARGE INTERVALS		GT \$12.50		ALL MD'S	
		\$7.50-9.15		\$9.15-10.80		\$10.80-12.50			
LE \$7.50									
NUMBER OF PHYSICIANS	2	4	4	4	4	2	2	12	
PCT OF PHYSICIANS	16.6	33.3	33.3	33.3	33.3	16.6	16.6	100.0	
CUM DISTRN OF PHYSICIANS	16.6	49.9	49.9	83.3	83.3	99.9	99.9	100.0	
NUMBER OF SERVICES	126	231	231	75	75	20	20	452	
PCT OF SERVICES	27.8	51.1	51.1	16.5	16.5	4.4	4.4	100.0	
CUM DISTRN OF SERVICES	27.8	78.9	78.9	95.5	95.5	99.9	99.9	100.0	
EXPENDITURES	705.60	1,558.49	1,558.49	577.60	577.60	160.00	160.00	3,001.69	
PCT OF EXPENDITURES	23.5	51.9	51.9	19.2	19.2	5.3	5.3	100.0	
CUM DISTRN OF EXPENDITURES	23.5	75.4	75.4	94.6	94.6	99.9	99.9	100.0	
BILLED/REASONABLE	1.14	1.43	1.43	1.07	1.07	1.47	1.47	1.29	
BILLED/CUSTOMARY	1.14	1.43	1.43	1.03	1.03	1.22	1.22	1.27	
BILLED/PREVAILING	0.80	1.20	1.20	1.03	1.03	1.47	1.47	1.07	
REDUCED CHARGES	97.6	100.0	100.0	40.0	40.0	100.0	100.0	89.3	
PCT OF SERVICES	131.61	839.06	839.06	56.77	56.77	94.00	94.00	1,121.44	
AMOUNT REDUCED									
ALL CLAIMS									
AVG AMT REDUCED	1.04	3.63	3.63	0.75	0.75	4.70	4.70	2.48	
AVG PCT REDUCTION	12.9	30.1	30.1	7.2	7.2	31.9	31.9	23.0	
REDUCED CLAIMS									
AVG AMT REDUCED	1.07	3.63	3.63	1.89	1.89	4.70	4.70	2.77	
AVG PCT REDUCTION	13.2	30.1	30.1	16.9	16.9	31.9	31.9	25.4	
MEAN CUSTOMARY CHARGE	7.00	8.43	8.43	10.02	10.02	12.00	12.00	8.45	
STD. DEVIATION OF CUSTOMARY	.000	.134	.134	.095	.095	.000	.000	1.255	
MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$15.00									
MEAN REASONABLE AMOUNT : \$8.30 MEAN BILLED AMOUNT : \$10.78									

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90240 : HOSPITAL VISIT - BRIEF  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 90240 : HOSPITAL VISIT - BRIEF

PROFILE AREA 04 : SACRAMENTO ET. AL.

SPECIALTY : INTERNIST YEAR : 1975

CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

	LE \$7.50	MEAN PREVAILING CHARGE : \$10.00 CUSTOMARY CHARGE INTERVALS \$7.50-9.15 \$9.15-10.80 \$10.80-12.50	GT \$12.50	ALL MD'S
NUMBER OF PHYSICIANS	1	2	1	4
PCT OF PHYSICIANS	25.0	50.0	25.0	100.0
CUM DISTRN OF PHYSICIANS	25.0	75.0	100.0	100.0
NUMBER OF SERVICES	48	133	7	188
PCT OF SERVICES	25.5	70.7	3.7	100.0
CUM DISTRN OF SERVICES	25.5	96.2	99.9	100.0
EXPENDITURES	268.80	896.88	44.80	1,210.48
PCT OF EXPENDITURES	22.2	74.0	3.7	100.0
CUM DISTRN OF EXPENDITURES	22.2	96.2	99.9	100.0
BILLED/REASONABLE	1.14	1.42	1.00	1.34
BILLED/CUSTOMARY	1.14	1.42	0.80	1.33
BILLED/PREVALING	0.80	1.20	0.80	1.08
REDUCED CHARGES				
PCT OF SERVICES	100.0	100.0	0.0	96.2
AMOUNT REDUCED	48.00	474.90	0.00	522.90
ALL CLAIMS				
AVG AMT REDUCED	1.00	3.57	0.00	2.78
AVG PCT REDUCTION	12.5	29.7	0.0	25.6
REDUCED CLAIMS				
AVG AMT REDUCED	1.00	3.57		2.88
AVG PCT REDUCTION	12.5	29.7		26.4
MEAN CUSTOMARY CHARGE	7.00	8.42	10.00	8.12
STD. DEVIATION OF CUSTOMARY	.000	.084	.000	.731

MINIMUM CUSTOMARY CHARGE : \$7.00 MAXIMUM CUSTOMARY CHARGE : \$15.00

MEAN REASONABLE AMOUNT : \$8.04 MEAN BILLED AMOUNT : \$10.82

# TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS

PROCEDURE 90240 : HOSPITAL VISIT - BRIEF

PROFILE AREA 04 : SACRAMENTO ET. AL.

SPECIALTY : INTERNIST YEAR : 1975

CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
LE \$10.00		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00					
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	9	13	10	2	34				
	26.4	38.2	29.4	5.8	100.0				
	26.4	64.7	94.1	100.0	100.0				
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	2,657	1,881	1,679	153	6,370				
	41.7	29.5	26.3	2.4	100.0				
	41.7	71.2	97.5	100.0	100.0				
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	21,256.00	17,758.91	19,605.69	1,836.00	60,456.60				
	35.1	29.3	32.4	3.0	100.0				
	35.1	64.5	96.9	100.0	100.0				
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.32	1.18	1.12	1.28	1.21				
	1.32	1.15	1.11	1.00	1.19				
	0.88	0.92	1.09	1.28	0.96				
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	95.0	85.2	48.6	100.0	80.0				
	9,710.94	4,029.55	3,039.92	649.23	16,429.64				
ALL CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	3.27	2.14	1.81	4.24	2.57				
	24.6	15.3	11.0	22.0	17.8				
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	3.44	2.51	3.72	4.24	3.22				
	25.8	17.2	20.8	22.0	22.0				
PCT OF SERVICES ASSIGNED PCT OF EXPENDITURES ASSIGNED PCT OF SERVICES HAND. ASSIGNED PCT OF EXPEND. HAND. ASSIGNED	57.3	47.1	64.4	98.6	57.1				
	57.3	45.8	64.8	98.6	57.6				
	19.8	13.6	18.1	5.8	17.2				
ASSIGNED CLAIMS PCT HAND. ASSIGNED PCT EXPEND. HAND. ASSIGNED	19.6	13.6	18.2	5.8	17.0				
	34.6	29.0	28.1	5.9	30.1				
	34.6	29.7	28.0	5.9	29.6				
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	10.00	12.07	14.07	19.05	12.06				
	.000	.212	.531	1.773	2.220				

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN REASONABLE AMOUNT : \$11.86 MEAN BILLED AMOUNT : \$14.44

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
		LE \$10.00		\$10.00-11.65	\$11.65-13.30	\$13.30-15.00			
NUMBER OF PHYSICIANS	PCT OF PHYSICIANS	9			10	8	1	28	
	CUM DISTR OF PHYSICIANS	32.1		35.7	67.8	28.5	3.5	100.0	100.0
NUMBER OF SERVICES	PCT OF SERVICES	1,133		995	995	597	2	2,727	100.0
	CUM DISTR OF SERVICES	41.5		36.4	78.0	21.8	0.0	100.0	100.0
EXPENDITURES	PCT OF EXPENDITURES	9,064.00		9,624.75	6,890.77	24.00	24.00	25,603.52	100.0
	CUM DISTR OF EXPENDITURES	35.4		37.5	26.9	0.0	0.0	100.0	100.0
BILLED/REASONABLE	PCT OF BILLED/CUSTOMARY	1.37		1.20	1.12	1.06	1.06	1.24	1.24
	BILLED/PREVAILING	0.91		0.97	1.07	1.06	1.06	0.97	0.97
REDUCED CHARGES	PCT OF SERVICES	93.3		99.4	40.8	100.0	100.0	84.1	84.1
	AMOUNT REDUCED	4,284.80		2,460.77	1,052.63	2.00	2.00	7,800.20	7,800.20
ALL CLAIMS	AVG AMT REDUCED	3.78		2.47	1.76	1.00	1.00	2.86	2.86
	AVG PCT REDUCTION	27.4		16.9	10.8	6.2	6.2	19.5	19.5
REDUCED CLAIMS	AVG AMT REDUCED	4.04		2.48	4.31	1.00	1.00	3.40	3.40
	AVG PCT REDUCTION	29.1		17.0	23.9	6.2	6.2	23.2	23.2
MEAN CUSTOMARY CHARGE	STD. DEVIATION OF CUSTOMARY	10.00		12.10	14.53	15.75	15.75	11.76	11.76
		.000		.230	.594	.000	.000	1.769	1.769
		MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00							
		MEAN REASONABLE AMOUNT : \$11.73 MEAN BILLED AMOUNT : \$14.59							

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS \$13.30-15.00		GT \$15.00		ALL MD'S	
LE \$10.00		\$10.00-11.65		\$11.65-13.30		\$13.30-15.00			
NUMBER OF PHYSICIANS	9	12	8	2	31				
PCT OF PHYSICIANS	29.0	38.7	25.8	6.4	100.0				
CUM DISTRN OF PHYSICIANS	29.0	67.7	93.5	100.0					
NUMBER OF SERVICES	1,524	886	1,082	151	3,643				
PCT OF SERVICES	41.8	24.3	29.7	4.1	100.0				
CUM DISTRN OF SERVICES	41.8	66.1	95.8	100.0					
EXPENDITURES	12,152.00	8,134.40	12,717.06	1,812.00	34,855.46				
PCT OF EXPENDITURES	34.9	23.3	36.4	5.1	100.0				
CUM DISTRN OF EXPENDITURES	34.9	58.3	94.7	100.0					
BILLED/REASONABLE	1.29	1.15	1.12	1.28	1.19				
BILLED/CUSTOMARY	1.29	1.09	1.12	1.00	1.16				
BILLED/PREVAILING	0.86	0.88	1.10	1.28	0.95				
REDUCED CHARGES									
PCT OF SERVICES	96.2	69.3	52.8	100.0	76.9				
AMOUNT REDUCED	4,438.71	1,569.06	1,989.28	647.23	8,644.28				
ALL CLAIMS									
AVG AMT REDUCED	2.91	1.77	1.83	4.28	2.37				
AVG PCT REDUCTION	22.5	13.3	11.1	22.2	16.5				
REDUCED CLAIMS									
AVG AMT REDUCED	3.02	2.55	3.47	4.28	3.08				
AVG PCT REDUCTION	23.3	17.4	19.4	22.2	21.0				
MEAN CUSTOMARY CHARGE	13.00	12.04	14.75	19.09	12.28				
STD. DEVIATION OF CUSTOMARY	.000	.176	.492	1.740	2.479				
MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00									
MEAN REASONABLE AMOUNT : \$11.95 MEAN BILLED AMOUNT : \$14.33									

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS

		MEAN PREVAILING CHARGE : \$15.00		CUSTOMARY CHARGE INTERVALS		GT \$15.00		ALL MD'S	
LE \$10.00		\$10.00-11.65		\$11.65-13.30		\$13.30-15.00			
NUMBER OF PHYSICIANS	8	12	8	26.6	93.3	2	30	100.0	100.0
PCT OF PHYSICIANS	26.0	40.0	26.6	66.6	93.3	6.6	100.0	100.0	100.0
CUM DISTRN OF PHYSICIANS	26.0	66.6	93.3			100.0			
NUMBER OF SERVICES	528	257	305	27.7	99.1	9	1,099	100.0	100.0
PCT OF SERVICES	48.0	23.3	27.7	71.4	99.1	0.8	100.0	100.0	100.0
CUM DISTRN OF SERVICES	48.0	71.4	99.1			100.0			
EXPENDITURES	4,224.00	2,422.84	3,569.52	23.4	98.9	108.00	10,324.36	100.0	100.0
PCT OF EXPENDITURES	40.9	23.4	34.5	64.3	98.9	1.0	100.0	100.0	100.0
CUM DISTRN OF EXPENDITURES	40.9	64.3	98.9			100.0			
BILLED/REASONABLE	1.28	1.16	1.13	0.91	1.10	1.27	1.20	1.19	0.94
BILLED/CUSTOMARY	1.28	1.13	1.12			1.00	1.19	1.19	0.94
BILLED/PREVAILING	0.85	0.91	1.10			1.27	1.20	1.19	0.94
REDUCED CHARGES	98.8	79.3	60.0			100.0	83.5	2,624.41	
PCT OF SERVICES	1,499.58	505.63	582.20			37.00			
AMOUNT REDUCED									
ALL CLAIMS									
AVG AMT REDUCED	2.84	1.90	1.90			4.11	2.38	20.1	
AVG PCT REDUCTION	22.1	14.3	11.5			21.5	16.8		
REDUCED CLAIMS									
AVG AMT REDUCED	2.87	2.47	3.18			4.11	2.85	20.1	
AVG PCT REDUCTION	22.3	17.0	18.2			21.5	20.1		
MEAN CUSTOMARY CHARGE	10.00	12.07	14.85			19.05	11.85	2.094	
STD. DEVIATION OF CUSTOMARY	.000	.228	.563			1.773			

MINIMUM CUSTOMARY CHARGE : \$10.00 MAXIMUM CUSTOMARY CHARGE : \$20.00  
 MEAN REASONABLE AMOUNT : \$11.74 MEAN BILLED AMOUNT : \$14.13

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 90250 : HOSPITAL VISIT - LIMITED  
 PROFILE AREA 04 : SACRAMENTO ET. AL. YEAR : 1975  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS





TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00				
CUSTOMARY CHARGE INTERVALS				
LE \$15.00	\$15.00-18.00	\$18.00-21.00	\$21.00-24.00	GT \$24.00
				ALL MD'S
NUMBER OF PHYSICIANS	19	15	1	37
PCT OF PHYSICIANS	51.3	40.5	2.7	100.0
CUM DISTRN OF PHYSICIANS	50.7	97.2	99.9	100.0
NUMBER OF SERVICES	421	471	58	979
PCT OF SERVICES	43.0	48.1	5.9	100.0
CUM DISTRN OF SERVICES	45.9	94.0	99.9	100.0
EXPENDITURES	5,996.92	7,564.68	974.40	14,884.00
PCT OF EXPENDITURES	40.2	50.8	6.5	100.0
CUM DISTRN OF EXPENDITURES	42.6	93.4	99.9	100.0
BILLED/REASONABLE	1.11	1.08	1.19	1.10
BILLED/CUSTOMARY	1.10	1.08	1.13	1.09
BILLED/PREVAILING	0.94	1.03	1.19	0.99
REDUCED CHARGES				74.4
PCT OF SERVICES	78.1	70.7	100.0	100.0
AMOUNT REDUCED	849.16	813.24	232.00	1,516.90
ALL CLAIMS				
AVG AMT REDUCED	2.01	1.72	4.00	1.95
AVG PCT REDUCTION	10.1	7.9	16.0	9.3
REDUCED CLAIMS				
AVG AMT REDUCED	2.58	2.44	4.00	2.62
AVG PCT REDUCTION	14.2	10.9	16.0	12.1
PCT OF SERVICES ASSIGNED	10.3	33.7	37.3	35.5
PCT OF EXPENDITURES ASSIGNED	10.3	33.7	37.0	35.7
PCT OF SERVICES MAND. ASSIGNED	3.4	13.7	16.9	14.8
PCT OF EXPEND. MAND. ASSIGNED	3.4	13.8	16.9	14.9
ASSIGNED CLAIMS				
PCT MAND. ASSIGNED	33.3	40.8	45.4	41.6
PCT EXPEND. MAND. ASSIGNED	33.3	41.0	45.7	41.8
MEAN CUSTOMARY CHARGE	15.00	17.86	20.15	19.12
STD. DEVIATION OF CUSTOMARY	.000	.232	.636	1.545

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ALL CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975

		MEAN PREVAILING CHARGE : \$21.00		CUSTOMARY CHARGE INTERVALS		GT \$24.00		ALL MD'S	
LE \$15.00		\$15.00-18.00	\$18.00-21.00	\$21.00-24.00					
NUMBER OF PHYSICIANS PCT OF PHYSICIANS CUM DISTRN OF PHYSICIANS	2	16	13	1				32	
	6.2	50.0	40.6	3.1				100.0	
	6.2	56.2	96.8	99.9				100.0	
NUMBER OF SERVICES PCT OF SERVICES CUM DISTRN OF SERVICES	26	279	295	31				631	
	4.1	44.2	46.7	4.9				100.0	
	4.1	48.3	95.0	99.9				100.0	
EXPENDITURES PCT OF EXPENDITURES CUM DISTRN OF EXPENDITURES	312.00	3,975.58	4,758.40	520.80				9,566.78	
	3.2	41.5	49.7	5.4				100.0	
	3.2	44.8	94.5	99.9				100.0	
BILLED/REASONABLE BILLED/CUSTOMARY BILLED/PREVAILING	1.03	1.10	1.07	1.19				1.08	
	1.03	1.09	1.06	1.13				1.08	
	0.74	0.93	1.03	1.19				0.98	
REDUCED CHARGES PCT OF SERVICES AMOUNT REDUCED	23.0	79.2	60.3	100.0				65.0	
	15.00	499.41	436.88	124.00				1,075.29	
ALL CLAIMS									
AVG AMT REDUCED AVG PCT REDUCTION	0.57	1.79	1.48	4.00				1.70	
	3.7	9.1	6.8	16.0				8.2	
REDUCED CLAIMS AVG AMT REDUCED AVG PCT REDUCTION	2.50	2.25	2.45	4.00				2.46	
	14.2	11.2	10.9	16.0				11.5	
MEAN CUSTOMARY CHARGE STD. DEVIATION OF CUSTOMARY	15.00	17.87	20.28	22.00				19.08	
	.000	.279	.597	.000				1.621	

MINIMUM CUSTOMARY CHARGE : \$15.00 MAXIMUM CUSTOMARY CHARGE : \$22.00  
 MEAN REASONABLE AMOUNT : \$18.95 MEAN BILLED AMOUNT : \$20.65

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : NON-ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975

MEAN PREVAILING CHARGE : \$21.00									
CUSTOMARY CHARGE INTERVALS									
LE \$15.00		\$15.00-18.00		\$18.00-21.00		\$21.00-24.00		GT \$24.00	
								ALL MD'S	
NUMBER OF PHYSICIANS									
1		19		12		1		33	
3.0		57.5		36.3		3.0		100.0	
3.0		60.6		96.9		99.9		100.0	
NUMBER OF SERVICES									
3		142		176		27		348	
0.8		40.8		50.5		7.7		100.0	
0.8		41.6		92.2		99.9		100.0	
EXPENDITURES									
36.00		2,022.01		2,806.48		453.60		5,318.09	
0.6		38.0		52.7		8.5		100.0	
0.6		38.6		91.4		99.9		100.0	
BILLED/REASONABLE									
1.16		1.13		1.10		1.19		1.12	
1.16		1.13		1.10		1.13		1.12	
0.83		0.96		1.05		1.19		1.02	
REDUCED CHARGES									
100.0		76.0		88.0		100.0		84.1	
7.50		349.95		377.52		108.00		842.97	
ALL CLAIMS									
2.50		2.46		2.14		4.00		2.42	
14.2		12.1		9.7		16.0		11.2	
REDUCED CLAIMS									
2.50		3.24		2.43		4.00		2.87	
14.2		15.3		10.9		16.0		13.0	
MEAN CUSTOMARY CHARGE									
15.00		17.84		19.93		22.00		19.19	
.000		.235		.597		.000		1.413	
STD. DEVIATION OF CUSTOMARY									
MINIMUM CUSTOMARY CHARGE : \$15.00    MAXIMUM CUSTOMARY CHARGE : \$22.00									
MEAN REASONABLE AMOUNT : \$19.10    MEAN BILLED AMOUNT : \$21.52									

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : ASSIGNED CLAIMS  
 YEAR : 1975



TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975

	LE \$15.00	\$15.00-18.00	\$18.00-21.00	\$21.00-24.00	GT \$24.00	ALL MD'S
MEAN PREVAILING CHARGE : \$21.00						
CUSTOMARY CHARGE INTERVALS						
NUMBER OF PHYSICIANS	1	15	10	1		27
PCT OF PHYSICIANS	3.7	55.5	37.0	3.7		100.0
CUM DISTRN OF PHYSICIANS	3.7	59.2	96.2	99.9		100.0
NUMBER OF SERVICES	1	58	80	6		145
PCT OF SERVICES	0.6	40.0	55.1	4.1		100.0
CUM DISTRN OF SERVICES	0.6	40.6	95.8	99.9		100.0
EXPENDITURES	12.00	830.00	1,283.52	100.80		2,226.32
PCT OF EXPENDITURES	0.5	37.2	57.6	4.5		100.0
CUM DISTRN OF EXPENDITURES	0.5	37.8	95.4	99.9		100.0
BILLED/REASONABLE	1.16	1.10	1.09	1.19		1.10
BILLED/CUSTOMARY	1.16	1.10	1.09	1.13		1.10
BILLED/PREVAILING	0.83	0.94	1.04	1.19		1.00
REDUCED CHARGES						
PCT OF SERVICES	100.0	74.1	88.7	100.0		83.4
AMOUNT REDUCED	2.50	108.48	151.28	24.00		286.26
ALL CLAIMS						
AVG AMT REDUCED	2.50	1.87	1.89	4.00		1.97
AVG PCT REDUCTION	14.2	9.4	8.6	16.0		9.3
REDUCED CLAIMS						
AVG AMT REDUCED	2.50	2.52	2.13	4.00		2.36
AVG PCT REDUCTION	14.2	12.3	9.6	16.0		10.9
MEAN CUSTOMARY CHARGE	15.00	17.88	20.05	22.00		19.23
STD. DEVIATION OF CUSTOMARY	.000	.276	.570	.000		1.328
MINIMUM CUSTOMARY CHARGE : \$15.00						
MAXIMUM CUSTOMARY CHARGE : \$22.00						
MEAN REASONABLE AMOUNT : \$19.19						
MEAN BILLED AMOUNT : \$21.16						

TASK 1A : INDIVIDUAL PROCEDURE CUSTOMARY CHARGE DISTRIBUTIONS  
 PROCEDURE 93000 : ELECTROCARDIOGRAM WITH INTERPRETATION & REPORT  
 PROFILE AREA 04 : SACRAMENTO ET. AL.  
 SPECIALTY : INTERNIST  
 CLAIMTYPE : MANDATORY ASSIGNED CLAIMS  
 YEAR : 1975





Appendix A  
Procedure List

I. MEDICINE

A. Office Visits

New Patient

- 90000 Brief evaluation, history, examination and/or treatment
- 90010 Initial limited history and physical examination, including initiation of diagnostic and treatment program
- 90015 Initial intermediate history and physical examination, including initiation of diagnostic and treatment program
- 90020 Initial comprehensive history and physical examination, including initiation of diagnostic and treatment program, adult
- 90021 ...adolescent
- 90022 ...late childhood
- 90023 ...early childhood
- 90024 ...infant

Established Patient

- 90030 Minimal service (e.g., injection, immunization, minimal dressing) (independent procedure) (See also 90700, 90705)
- 90040 Brief examination, evaluation and/or treatment, same or new illness
- 90050 Limited examination, evaluation and/or treatment, same or new illness
- 90060 Intermediate examination, evaluation and/or treatment, same or new illness
- 90070 Extended re-examination or re-evaluation
- 90080 Comprehensive re-examination or re-evaluation, adult
- 90081 ...adolescent
- 90082 ...late childhood
- 90083 ...early childhood
- 90084 ...infant
- 90088 Periodic or annual type examination, adult
- 90090 Well-baby care, routine, with a maximum of twelve visits during the first year. This item does not include immunizations nor care for illness in hospital, home or office (includes 90285)

B. Home Visits

New Patients

- 90100 Brief Visit
- 90110 Initial limited history and physical examination
- 90115 Initial intermediate history and physical examination

Established Patients

- 90130 Minimal service
- 90140 Brief examination
- 90150 Limited examination
- 90160 Intermediate examination
- 90170 Extended examination



C. Hospital VisitsNew or Established Patients

- 90200 Initial hospital care, brief or limited history and physical examination, including the initiation of diagnostic and treatment program and preparation of hospital records
- 90215 Initial hospital care, intermediate history and physical examination, including initiation of diagnostic and treatment program and preparation of hospital records
- 90220 Initial hospital care, comprehensive history and physical examination, including initiation of diagnostic and treatment program and preparation of hospital records
- 90240 Brief examination, evaluation and/or treatment, same or new illness
- 90250 Limited examination, evaluation and/or treatment, same or new illness
- 90260 Intermediate examination, evaluation and/or treatment, same or new illness
- 90270 Extended re-examination or re-evaluation
- 90285 Routine newborn care in hospital (including physical examination of the baby and discussions with the mother during the hospital stay)

D. Convalescent, Rehabilitation or Long-Term CareNew or Established Patients

- 90340 Brief examination
- 90341
- 90350 Limited visit
- 90360 Intermediate visit
- 90370 Extended visit

E. Domiciliary or Custodial CareEstablished Patients

- 90430 Minimal service
- 90440 Brief examination
- 90441 Multiple visits to nursing home (per patient)
- 90450 Limited examination
- 90460 Intermediate examination
- 90470 Extended re-examination

F. Emergency RoomNew Patients

- 90500 Brief evaluation
- 90510 Limited history and examination
- 90515 Intermediate history and examination



F. Emergency Room (continued)Established Patients

- 90530 Minimal service
- 90540 Brief examination
- 90550 Limited examination
- 90560 Intermediate examination
- 90570 Extended re-examination

G. Consultations

- 90600 Consultation requiring limited examination and/or evaluation of a given system but not requiring a comprehensive history and examination (home, office or hospital)
- 90610 Consultation requiring more extensive examination and/or evaluation but not requiring comprehensive history and examination (home, office or hospital)
- 90620 Consultation requiring comprehensive history and examination and/or evaluation (home, office or hospital)

H. Immunizations and Therapeutic Injections

- 90700 Immunization with other service
- 90705 Injection with other service

I. Psychiatric Care

- 90800 Office therapy, 50 minutes
- 90801 Office therapy, 25 "
- 90802 Office therapy, 15 "
- 90850 Inpatient therapy, 50 minutes
- 90851 Inpatient therapy, 25 "
- 90852 Inpatient therapy, 15 "

J. Specific Diagnostic Services1. Eye

- 92000 Eye examination
- 92001 Eye examination with refraction
- 92006 Eye examination with refraction and plotting
- 92020 Gonioscopy
- 92040 Gross external examination
- 92080 Visual fields plotting
- 92100 Tonometry
- 92200 Ophthalmascopy
- 92220 Ophthalmascopy with contact lens

2. Cardiovascular

- 93000 Electrocardiogram, with interpretation and report
- 93005 Tracing only, without interpretation and report
- 93010 Interpretation and report only





3. Allergy Testing
  - 95000 Scratch test
  - 95001 Each additional scratch test
  - 95020 Intradermal testing
  - 95021 Each additional intradermal test
4. Miscellaneous
  - 95820 Electroencephalogram

## II. SURGERY

### A. Skin, Mucous Membrane, Subcutaneous and Areolar Tissues

1. Incision
  - 10000 Incision and drainage of infected or non-infected sebaceous cyst, one lesion
  - 10001 ...second lesion
  - 10002 ...over two, each additional lesion
  - 10020 Incision and drainage furuncle
  - 10040 Acne surgery
  - 10060 Incision and drainage of abscess, simple
  - 10100 Drainage of onychia or paronychia
  - 10120 Incision and removal of foreign body, subcutaneous tissues, simple
2. Introduction
  - 11900 Injection, intralesional
3. Burns
  - 16025 Dressings without anesthesia medium
4. Destruction
  - 17000 Electro surgical
  - 17001 Electro surgical, second and third lesions each

### B. Breast

1. Incision
  - 19000 Puncture aspiration of cyst
2. Excision
  - 19100 Biopsy of breast, needle (independent procedure)
  - 19120 Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesion, male or female, unilateral
  - 19160 Partial mastectomy (quadrectomy or more), unilateral
  - 19180 Simple mastectomy, complete, unilateral





C. Musculoskeletal System1. General

- 20550 Injection, tendon sheath, ligament, or trigger points
- 20600 Arthrocentesis, small joint
- 20605 Arthrocentesis, intermediate joint/bursa
- 20610 Arthrocentesis, major joint or bursa

2. Forearm and Wrist

- 25605 Distal radial fracture - closed reduction

3. Pelvis and Hip Joint

- 27125 Arthroplasty, cup or prosthesis
- 27130 Arthroplasty, total hip replacement
- 27236 Femur fracture, proximal end, internal fixation or prosthetic replacement

4. Femur and Knee Joint

- 27506 Femur fracture, shaft, open reduction with or without internal or external fixation.
- 27590 Amputation, thigh, through femur

5. Leg (tibia and fibula) and Ankle

- 27880 Amputation, Leg through tibia and fibula

6. Casting and Strapping

- 29075 Casting elbow, age 10 or over
- 2958 Unna Boot - any age



D. Pharynx, Adenoids and TonsilsExcision

42840 Tonsillectomy, with or without adenoidectomy, under age 12 years

42850 Adenoidectomy (independent procedure), primary or secondary

E. Intestines

44140 Colectomy partial

F. AppendixExcision

44950 Appendectomy

G. Rectum

45300 Proctosigmoidoscopy

H. AnusExcision

46250 Hemorrhoidectomy, external, complete

46255 ...internal and external

46260 ...radical (Whitehead type procedure)

I. Biliary Tract

47605 Cholecystectomy with cholangiography

J. Abdomen, Peritoneum and OmentumRepair

49505 Inguinal herniorrhaphy, age 5 or over, unilateral

49506 ...bilateral

K. Bladder

51700 Irrigation, simple

52000 Diagnostic cystourethroscopy (independent procedure), office

52600 Transurethral resection of prostate

L. Urethra

53660 Dialation of female urethra

M. Male Genital System

54150 Circumcision new born

N. Female Genital System

57510 Cauterization of cervix



O. Corpus UteriExcision

- 58120 Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)
- 58150 Supracervical hysterectomy: subtotal hysterectomy, with or without tubes and/or ovaries, one or both
- 58260 Vaginal hysterectomy
- 58300 Insertion of IUD

P. Maternity Care and Delivery1. Delivery, antepartum and postpartum care

- 59400 Total obstetrical care including antepartum care, vaginal delivery and postpartum care (with or without low forceps and/or episiotomy)
- 59410 Vaginal delivery only (with or without forceps and/or episiotomy)

2. Abortion

- 59850 Therapeutic, by dilation and curettage (including suction curettage)

Q. Eye

- 65705 Keratoplasty (corneal transplant) penetrating
- 66900 Extraction of lens (cataract)
- 67800 Excision of meibomian gland (eyelid)
- 68820 Probing of nasolacunal duct
- 68800 Dialation of punctun (lacrimal tract)

III. RADIOLOGY AND NUCLEAR MEDICINEDiagnostic RadiologyA. Head and Neck

- 70220 Paranasal sinuses, complete
- 70250 Skull, limited
- 70260 ...complete

B. Chest

- 71000 Chest, "minifilm"
- 71010 ...single view
- 71020 ...two views
- 71034 ...including fluoroscopy

C. Spine and Pelvis

- 72010 Spine, entire, survey study
- 72040 ...cervical, A-P and lateral
- 72050 ...complete
- 72100 ...lumbar, limited
- 72110 ...lumbosacral, complete



D. Abdomen

74240 Upper G/I without KUB  
 74241 " " with KUB  
 74270 Colon barium enema  
 74290 Cholecystography oral

E. Urinary Tract

74400 Urography excretory

F. Miscellaneous Studies

76000 Fluoroscopy (independent procedures)

IV. PATHOLOGYA. Urinalysis

81000 Urinalysis, routine, complete  
 81005 ...chemical, qualitative  
 81010 Concentration and dilution  
 81015 Microscopic

B. Chemistry and Toxicology

82040 Albumin, serum  
 82250 Bilirubin, blood, total  
 82270 Blood, feces, occult screening  
 82310 Calcium, blood, chemical  
 82385 Cephalin flocculation, blood  
 82435 Chlorides, blood, chemical  
 82465 Cholesterol, blood  
 83020 Hemoglobin electrophoretic separation  
 83160 Chorionic gonadotropic - pregnancy test  
 83420 Thyroid - protein bound iodine  
 83440 Tri-iodo-thyronine or thyroxine uptake, radioactive  
 83450 Thyroxin by column  
 83615 Lactic dehydrogenase (LDH), blood, kinetic ultraviolet method  
 84060 Phosphatase, acid, blood  
 84140 Potassium, blood  
 84155 Protein, total, serum, chemical  
 84330 Sugar (glucose), blood  
 84335 Sugar stick test  
 84340 ...tolerance, 3 hours  
 84475 Triglycerides Blood  
 84520 Urea nitrogen, blood  
 84550 Uric acid, blood, chemical  
 84580 Urobilinogen, urine quantitative





C. Hematology

85010 Blood count, complete  
 85015 Automated cell counts  
 85030 White blood cell count  
 85050 Hemoglobin colorimetric  
 85055 Hematocrit  
 85610 Prothrombin time  
 85640 Reticulocyte  
 85650 Sedimentation

D. Immunology

86070 Blood cross match  
 86300 Heterophile antibodies  
 86360 Latex fixation rheumatoid factor  
 86410 Syphilis test  
 86585 Tuberculosis time test

E. Microbiology

87000 Initial microscopic examination, stain for bacteria, fungi,  
           parasites, ova, inclusion bodies, any source  
 87010 Wet mount for bacteria  
 87080 Blood culture  
 87085     "     "     with sensitivity study  
 87090     "     "     definite  
 87095     "     "     "     with sensitivity

F. Anatomic Pathology

88100 Pap smear  
 88105     "     "     with review

G. Miscellaneous

89000 Basal metabolism rate



## Appendix B

### Variable Descriptions

The following notation is used in the variable descriptions:

#### Superscripts:

T	-	Medicare Assigned plus Non-Assigned
NA	-	Medicare Non-Assigned
A	-	Medicare Assigned
MA	-	Medicare Mandatory Assigned

#### Subscripts:

i	-	i <sup>th</sup> physician
---	---	---------------------------

#### Variables:

NS	-	number of services
ABA	-	average billed amount
REAS	-	average reasonable amount
LVITBU	-	customary
LVIITBU	-	prevailing
NSB>R	-	number of services where billed > reasonable

All summations are computed over physicians and procedures which meet the criteria for the particular cell. The summations over procedures have been omitted from the formulae. The summations over physicians have been designated simply as from 1,.....,I. However, there are implicit subscripts on I for each cell in the tables and the physicians belonging to the set being summed will differ among cells. When the superscript referring to claim type takes on a value dependent on the cell, it has been omitted. In any such formula, all the superscripts would be the same.



1. Number of Physicians

$$NMD = \sum_{i \in S} 1$$

where  $i \in S$  iff  $NS_i > 0$

2. Number of Services

$$NS = \sum_{i=1}^I NS_i$$

3. Expenditures

$$EXP = \sum_{i=1}^I REAS_i * NS_i * .8$$

4. Billed/Reasonable

$$B/R = \frac{\sum_{i=1}^I ABA_i * NS_i}{\sum_{i=1}^I REAS_i * NS_i}$$

5. Billed/Customary

$$B/C = \frac{\sum_{i=1}^I ABA_i * NS_i}{\sum_{i=1}^I LVITBU_i * NS_i}$$

6. Billed/Prevailing

$$B/P = \frac{\sum_{i=1}^I ABA * NS_i}{\sum_{i=1}^I LVIITBU_i * NS_i}$$

7. Pct of Charges Reduced

$$PCTSVCSRED = \frac{\sum_{i=1}^I NS_i > R_i}{NS}$$

NS



8. Amount of Charges Reduced

$$\text{AMTRED} = \sum_{i=1}^I (\text{ABA}_i - \text{REAS}_i) * \text{NS}_i$$

9. Avg Amount Reduced - All Claims

$$\text{AARAC} = \text{AMTRED} / \text{NS}$$

10. Avg. Pct Reduction - All Claims

$$\text{APRAC} = \frac{\sum_{i=1}^I ((\text{ABA}_i - \text{REAS}_i)) * \text{NS}_i}{\sum_{i=1}^I \text{ABA}_i * \text{NS}_i}$$

11. Avg. Amount Reduced - Reduced Claims

$$\text{AARRC} = \frac{\text{AARAC} * \text{NS}}{\sum_{i=1}^I \text{NSB} > R_i}$$

12. Avg. Pct Reduction - Reduced Claims

$$\text{APPRC} = \frac{\sum_{i=1}^I (\text{ABA}_i^* - \text{MIN}(\text{LVITBU}_i, \text{LVIITBU}_i)) * \text{NSB} > R_i}{\sum_{i=1}^I \text{NSB} > R_i * \text{ABA}_i^*}$$

$$\text{where } \text{ABA}_i^* = \frac{\text{ABA}_i * \text{NS}_i - \text{ABA}_i^{**} * (\text{NS}_i - \text{NSB} > R_i)}{\text{NSB} > R_i}$$

$$\text{and } \text{ABA}_i^{**} = \frac{\text{REAS}_i * \text{NS}_i - \text{Min}(\text{LVITBU}_i, \text{LVIITBU}_i) * \text{NSB} > R_i}{\text{NS}_i - \text{NSB} > R_i}$$





13. Pct of Services Assigned

$$PCTSVASG = \frac{\sum_{i=1}^I NS_i^A}{\sum_{i=1}^I NS_i^T}$$

14. Pct. of Expenditures Assigned

$$PCTEXASG = \frac{\sum_{i=1}^I REAS_i^A * NS_i^A}{\sum_{i=1}^I REAS_i^T * NS_i^T}$$

15. Pct of Services Mandatory Assigned

$$PCTSVMASG = \frac{\sum_{i=1}^I NS_i^{MA}}{\sum_{i=1}^I NS_i^T}$$

16. Pct of Expenditures Mandatory Assigned

$$PCTEXMASG = \frac{\sum_{i=1}^I REAS_i^{MA} * NS_i^{MA}}{\sum_{i=1}^I REAS_i^T * NS_i^T}$$

17. Pct of Assigned Services - Mandatory Assigned

$$PCT ASMA = \frac{\sum_{i=1}^I NS_i^{MA}}{\sum_{i=1}^I NS_i^A}$$

18. Pct of Assigned Expenditures - Mandatory Assigned

$$PCT AEMA = \frac{\sum_{i=1}^I REAS_i^{MA} * NS_i^{MA}}{\sum_{i=1}^I REAS_i^A * NS_i^A}$$

19. Mean Customary

$$MC = \frac{\sum_{i=1}^I LVITBU_i * NS_i}{NS}$$





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